Exhibit 18-9

SAMPLE REMITTANCE ADVICE - PAID FACILITY INPATIENT CLAIMS

RUN: 04/16/2004

REPORT ID: FI04W400 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM PAGE: 3

FACILITY REMITTANCE ADVICE - ACUTE

001549 PAID CLAIMS - INVOICE DATE: 04/16/2004

BILLING PROVIDER: 654321 01 IHS/638 TRIBAL FACILITY INVOICE NUMBER: A030000000001

SERVICE PROVIDER: 654321 01 IHS/638 TRIBAL FACILITY CHECK NUMBER: 48746
PAYMENT DATE: 04/20/2004

TAX ID:	999999999
FORM TYPE:	INPATIENT

PROGRAM ID: FI04L400

AHCCCS ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS			
A12345678 A12345678	OAKLEY, ANNIE 0011617768-1	041000001001 04/14/2004	03/20/2004 03/21/2004	1,507.00 1.00	1.00	1,507.00	ALLOWED AMOUNT	(*)
PRICE EXPL:	PDM *AHA	04/14/2004	04/14/2004 03/21/2004 1.00	1.00		1,507.00	NET PAID AMOUNT	Г
A87654321 A87654321	JANE, CALAMITY J4176037943-1	041000003003 04/14/2004	03/25/2004 03/27/2004	3,014.00 2.00	2.00	3,014.00	ALLOWED AMOUNT	(*)
PRICE EXPL:	PDM *AHA	04/14/2004	03/2//2004	2.00		3,014.00	NET PAID AMOUNT	
A18273645	EARP, WYATT	040990003003	, -,	4,521.00	3.00	4,521.00	ALLOWED AMOUNT	(*)
A18273645 PRICE EXPL:	E0116543257-2 PDM *AHA	04/14/2004	03/22/2004	3.00		4,521.00	NET PAID AMOUNT	Г
A11223344	YOUNGER, COLE	041010040004		1,507.00	1.00	1,507.00	ALLOWED AMOUNT	(*)
A11223344 PRICE EXPL:	Y0327188796-1 PDM *AHA	04/14/2004	03/22/2004	1.00		1,507.00	NET PAID AMOUNT	С
A43218765	CRAWFORD, KATY	040950005005	03/23/2004	6,080.00	8.00	6,080.00	ALLOWED AMOUNT	(*)
A43218765	C5522613008-1	04/14/2004	03/31/2004	8.00		6,080.00	NET PAID AMOUNT	
PRICE EXPL:	PDM *AHA 							
A18273645		041020006006 04/14/2004	03/28/2004 03/30/2004	1,520.00 2.00	2.00	1,520.00	ALLOWED AMOUNT	(*)
	PDM *AHA	31,11,2001	23, 30, 2001	2.00		1,520.00	NET PAID AMOUNT	

- PRICE EXPL(anation) codes are listed on Processing Notes page
- Asterisk (*) before PRICE EXPL code shows how Allowed Amount was determined (e.g., AHA = AHCCCS Allowed, PDM = Per Diem)