Exhibit 5Q

Report ID: EC9EMI87 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM PAGE: 1
Program: EC97L187 PENDED ENCOUNTER DETAILED AGING REPORT RUN: 12/29/05 15:50
(SORTED BY HEALTH PLAN, TRANSMISSION SUBMITTER NUMBER, AGING CATEGORY, ERROR CODE AND PROVI DER ID)

HEALTH PLAN ID : 110185
TSN : 66
AGING CATEGORY : OVER 180 DAYS

ERROR CODE	MESSAGE PROVIDER ID AND NAME	PROCESS DATE PATIENT ACCOUNT NO	SERVICE DATES	CRN PROC-HCPCS-NDC	FORM TYPE	DAYS PENDED
N020	NDC NOT COVERED ON DATE OF SERVICE 121804-ERVING/JULIUS (DOCTOR)	02/04/00 0033366667	11/12/99 11/12/96	00026705444333 12345678910	C	77
P200	SERVICE PROVIDER LOCATOR CODE NOT ON FILE 307357-ANTONIA NOVELLO (SURGEON GENERAL)	03/06/00 0013400039	12/11/99 12/13/99	00148702417701 37790	A	412
P330	PROVIDER NOT ELIGIBLE FOR COS ON SERVICE DATE 080121-HUCKSTABLE/CLIFF (MD)	08/05/99 9916670063	01/04/99 01/29/99	00167703512300	0	260
H470	DATE OF SERVICE IS PRIOR TO DATE OF DEATH 260153-SUESS/DOCTOR	12/08/99 9996452138	11/04/99 11/04/99	00336712345678	A	135
R350	DATE OF DEATH PRIOR TO DOS 020107-RICHARD KIMBLE CENTER	05/07/00 0074561234	09/27/99 09/27/99	00123701367901	I	715
Z020	RECIPIENT-ID MISSING OR INVALID 237637-DR. RUTH	06/08/99 9901234678	02/22/99 02/22/99	00321704456101 71010-26	A	318