

Exhibit 27-2

SAMPLE REMITTANCE ADVICE – FINANCIAL SUMMARY

REPORT ID: FI04W400
PROGRAM ID: FI04L400
001549

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
REMITTANCE ADVICE - FINANCIAL SUMMARY
INVOICE DATE: 11/29/2003

PAGE: 2
RUN: 11/29/2003

BILLING PROVIDER: 654321 01 PROVIDER NAME

TAX ID: 999999999
PAYMENT DATE: 12/02/2003

PAY FOR CATEGORY	CHECK NUMBER	INVOICE DATE	INVOICE NUMBER	TYPE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
ACUTE FEE-FOR-SERVICE	48746	11/29/2003	A0200000000001		1033.21	.00	1033.21
TOTALS					1033.21	.00	1033.21

- **Financial Summary page provides summarized check and invoice information**
- **If provider had claims for Acute and Long Term Care recipients, LTC totals would be shown on a separate line below Acute totals**
- **Totals for KidsCare claims also would be shown on a separate line**
- **If all claims are in process or denied, Financial Summary page will indicate “No Active Invoices”**
- **Gross Amount and Net Amount (Check Amount) will be equal unless TYPE column shows “CR” indicating provider has a credit balance**