

Exhibit 27-13

**SAMPLE REMITTANCE ADVICE – VOIDED FACILITY CLAIMS**

REPORT ID: FI04W400  
 PROGRAM ID: FI04L400  
 001549

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
 FACILITY REMITTANCE ADVICE - ACUTE  
 VOIDED CLAIMS - INVOICE DATE: 11/29/2003

PAGE: 7  
 RUN: 11/29/2003

BILLING PROVIDER: 654321 01 ARIZONA HOSPITAL  
 SERVICE PROVIDER: 654321 01 ARIZONA HOSPITAL

INVOICE NUMBER: A9800000000001  
 CHECK NUMBER: 48746  
 PAYMENT DATE: 12/02/2003

TAX ID: 999999999  
 FORM TYPE: INPATIENT

AHCCS ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS		
A12345678	OAKLEY, ANNIE	033100001001	10/20/2003	760.00	1.00	760.00-	ALLOWED AMOUNT (*)
A12345678	0011617768-1	11/26/2003	10/21/2003	1.00		-----	
						760.00-	NET PAID AMOUNT
PRICE EXPL: PDM *AHA							
A87654321	JANE, CALAMITY	033100002003	10/25/2003	1,520.00	2.00	1,520.00-	ALLOWED AMOUNT (*)
A87654321	J4176027943-1	11/26/2003	10/27/2003	2.00		-----	
						1,520.00-	NET PAID AMOUNT
PRICE EXPL: PDM *AHA							

• New Allowed Amount is listed first as a negative  
 • Any previous deductions would be “backed out” as positive  
 • Net Paid Amount shows amount recouped  
 • Last page of Voided Claims section lists totals for inpatient and outpatient claims

NUMBER OF CLAIMS: 2  
 TOTAL BILLED AMOUNT: 2,280.00  
 TOTAL RECOUPED AMOUNT: 2,280.00