### 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**  
**INVOICE NUMBER:** A9800000000001  
**CHECK NUMBER:** 46746  
**PAYMENT DATE:** 12/02/2003

**BILLING PROVIDER:** 654321 01 ARIZONA HOSPITAL  
**SERVICE PROVIDER:** 654321 01 ARIZONA HOSPITAL  
**INVOICE NUMBER:** A9800000000001  
**CHECK NUMBER:** 46746  
**PAYMENT DATE:** 12/02/2003

**TAX ID:** 9999999999

**FORM TYPE:** INPATIENT

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<th>AHCCCS ID</th>
<th>NAME</th>
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<th>ALLOWED AMOUNT</th>
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**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