

Exhibit 27-14

SAMPLE REMITTANCE ADVICE –FACILITY CLAIMS IN PROCESS

REPORT ID: FI04W400
PROGRAM ID: FI04L400
001549

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
FACILITY REMITTANCE ADVICE - ACUTE
CLAIMS IN PROCESS

PAGE: 5
RUN: 11/29/2003

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

TAX ID: 999999999
FORM TYPE: INPATIENT

AHCCS ID	RECIPIENT	NAME	PATIENT ACCOUNT NBR	CRN	DATES OF SERVICE		BILLED AMOUNT	BILLED UNITS
A17520033	A17520033	COBB, TYRUS RAYMOND	147A321	033100050001	10/24/2003	10/26/2003	1,520.00	2.00
A17650082	A17650082	GEHRIG, LOUIS	148C123	033100010113	10/29/2003	10/30/2003	760.00	1.00
A17050080	A17050080	RUTH, GEORGE HERMAN	168B456	033100010212	10/01/2003	10/02/2003	760.00	1.00
A17030074	A17030074	WILSON, HACK	148D789	033100010219	10/23/2003	10/26/2003	2,280.00	3.00

• There is no STATUS DATE field because claims have not reached adjudicated status of Paid, Denied, Adjusted, or Voided
• Section includes claims reported as in process on previous Remittances
• Last page of Claims In Process section lists totals for inpatient and outpatient claims

NUMBER OF CLAIMS: 4
TOTAL BILLED AMOUNT: 5,320.00