Exhibit 18-12

SAMPLE REMITTANCE ADVICE – ADJUSTED FACILITY CLAIMS

```
REPORT ID:  FI04W400                    ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM                    PAGE: 6
PROGRAM ID: FI04L400                       FACILITY REMITTANCE ADVICE - ACUTE                          RUN: 04/16/2004
001549                                  ADJUSTED CLAIMS - INVOICE DATE: 04/16/2004

BILLING PROVIDER:   654321  01   IHS/638 TRIBAL FACILITY                    INVOICE NUMBER:  A9800000000001
SERVICE PROVIDER:   654321  01   IHS/638 TRIBAL FACILITY                    CHECK NUMBER:    48746
                                                                           PAYMENT DATE:    04/20/2004

       TAX ID:     999999999
       FORM TYPE:  INPATIENT

AHCCCS ID     NAME                          CRN           DATES OF      BILLED AMOUNT   ALLOWED
RECIPIENT     PATIENT ACCOUNT NUMBER        STATUS DATE   SERVICE        BILLED UNITS     UNITS
-------------------------------------------------------------------------------------------------------------------
A12345678     OAKLEY, ANNIE                 041000001001  03/20/2004       4,521.00        3.00       4,521.00   ALLOWED AMOUNT (*)
A12345678     O011617768-1                  04/14/2004    03/23/2004           3.00                   1,507.00-  PREVIOUSLY PAID
                                                                                                     -----------
                                                                                                     3,014.00   NET PAID AMOUNT
 PRICE EXPL:  PDM  *AHA
-------------------------------------------------------------------------------------------------------------------
A87654321     JANE, CALAMITY                041000002001  03/26/2004       4,521.00        2.00       3,014.00   ALLOWED AMOUNT (*)
A87654321     J4176037943-1                 04/14/2004    03/29/2004           3.00                   4,521.00-  PREVIOUSLY PAID
                                                                                                     -----------
                                                                                                     1,507.00-  NET PAID AMOUNT
 PRICE EXPL:  PDM  *AHA
-------------------------------------------------------------------------------------------------------------------
```

- **New Allowed Amount is listed first**
- **Previously Paid Amount is "backed out" as negative**
- **Net Paid Amount shows the difference**
- **Net Paid Amount will be negative if the adjusted Allowed Amount is less than the original Allowed Amount**
- **Last page of Adjusted Claims section lists totals for**

```
NUMBER OF CLAIMS:            2
TOTAL BILLED AMOUNT:   9,042.00
TOTAL REMIT AMOUNT:    1,507.00
```