

Exhibit 18-14

**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: 04/16/2004

BILLING PROVIDER: 654321 01 IHS/638 TRIBAL FACILITY  
SERVICE PROVIDER: 654321 01 IHS/638 TRIBAL FACILITY

TAX ID: 999999999  
FORM TYPE: INPATIENT

AHCCCS ID	RECIPIENT	NAME	PATIENT ACCOUNT NBR	CRN	DATES OF SERVICE		BILLED AMOUNT	BILLED UNITS
A17520033	A17520033	COBB, TYRUS RAYMOND	147A321	041000050001	03/24/2004	03/26/2004	3,014.00	2.00
A17650082	A17650082	GEHRIG, LOUIS	148C123	041000010113	03/29/2004	03/30/2004	1,507.00	1.00
A17050080	A17050080	RUTH, GEORGE HERMAN	168B456	041000010312	03/01/2004	03/03/2004	1,507.00	1.00
A17030074	A17030074	WILSON, HACK	148D789	041000010319	03/23/2004	03/26/2004	4,521.00	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