

Exhibit 18-4

SAMPLE REMITTANCE ADVICE – DENIED NON-FACILITY CLAIMS

REPORT ID: FI04W400
PROGRAM ID: FI04L400

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
NON-FACILITY REMITTANCE ADVICE - ACUTE
DENIED CLAIMS

PAGE: 11
RUN: 04/16/2004

BILLING PROVIDER: 654321 01 HOLLIDAY, DOC
SERVICE PROVIDER: 654321 01 HOLLIDAY, DOC

TAX ID: 999999999
FORM TYPE: FORM 1500

AHCCS ID	RECIPIENT	NAME	PATIENT ACCOUNT NBR	CRN	SERVICE CD/ MODIFIER	DATES OF SERVICE	BILLED AMOUNT	BILLED UNITS
A15116678	A15116678	BONNEY, WILLIAM	BTK96007	04100000103301	90828	03/22/2004	160.00	1.00
REASON CDS: H077.2								
A12003210	A12003210	CLANCY, IKE	96-007L	04100000100801	99245	03/17/2004	96.00	1.00
REASON CDS: H094.1 L017.1 L019.1								
A21110770	A21110770	EARP, WYATT	XYX96089	04100000030170	99233	03/03/2004	255.00	3.00
REASON CDS: L017.1 03/04/98								
A12345678	A12345678	JANE, CALAMITY	ABC96037	04100000100801	99223	03/12/2004	150.00	1.00
REASON CDS: L019.1								
A12345678	A12345678	JANE, CALAMITY	ABC96037	04100000100802	99233	03/13/2004	85.00	1.00
REASON CDS: L019.1								
A12007007	A12007007	BOND, JAMES	XYX96033	04100000100901	99233	03/15/2004	85.00	1.00
REASON CDS: H094.1								

- Explanations of denial REASON CDS are listed on Processing Notes page
- Multiple denial reasons can be reported
- Last page of Denied Claims section lists totals

NUMBER OF CLAIMS: 6
TOTAL BILLED AMOUNT: 831.00