

Exhibit 18-6

SAMPLE REMITTANCE ADVICE – VOIDED NON-FACILITY CLAIMS

REPORT ID: FI04W400
 PROGRAM ID: FI04L400
 001549

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 NON-FACILITY REMITTANCE ADVICE - ACUTE
 VOIDED CLAIMS - INVOICE DATE: 04/16/2004

PAGE: 13
 RUN: 04/16/2004

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

INVOICE NUMBER: A9800000000001
 CHECK NUMBER: 48746
 PAYMENT DATE: 04/20/2004

TAX ID: 999999999
 FORM TYPE: FORM 1500

AHCCCS ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN SCORE DATE	SERVICE CD/ MODIFIER	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS	
A12007007 A12007007	BOND, JAMES 007	04100000100801 04/14/2004	99223	03/09/2004	150.00	1.00 1.00	29.00- ALLOWED AMOUNT(*) ----- 29.00- NET PAID AMOUNT
PRICE EXPL: SUB *MCC							
A12007007 A12007007	BOND, JAMES 007	04100000103701 04/14/2004	99233	03/03/2004 03/07/2004	400.00 5.00	5.00	72.00- ALLOWED AMOUNT(*) ----- 72.00- NET PAID AMOUNT
PRICE EXPL: SUB *MCC							

- 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

NUMBER OF CLAIMS: 2
 TOTAL BILLED AMOUNT: 550.00
 TOTAL RECOUPED AMOUNT: 101.00