

Exhibit 18-8

SAMPLE REMITTANCE ADVICE – PROCESSING NOTES

REPORT ID: FI04W400
PROGRAM ID: FI04L400

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
REMITTANCE ADVICE - PROCESSING NOTES

PAGE: 15
RUN: 04/16/2004

BILLING PROVIDER: 654321 01 HOLLIDAY, DOC

TAX ID: 999999999
FORM TYPE: FORM 1500

NOTE TYPE DESCRIPTION
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\*\* PLEASE CALL CLAIMS CUSTOMER SERVICE FOR FURTHER EXPLANATION OF ANY DESCRIPTION \*\*

\*\* CLAIMS CUSTOMER SERVICE MAY BE REACHED AT (602) 417-7670 OR 1-800-794-6862 (IN-STATE) OR 1-800-523-0331 (OUT-OF-STATE) \*\*

Table with 3 columns: CODE, TYPE, DESCRIPTION. Rows include AHA, H077.2, H094.1, H140.3, L017.1, L019.1, L067.1, MAX, MCC, MCD, PDM, SUB.

Callout box containing three bullet points: Remittance Advice Processing Notes is last section in package; Alphabetical listing of processing note code descriptions (denial reasons, pricing methods, etc.); Each code listed only once even if applicable to multiple claims.

NOTE TYPES: M = PRICING METHOD, P = PRICING TYPE, R = REASON CODE, T = TIER, X = MODIFIER