

Texas Medicaid  
Remittance and Status Report  
Date: 03/11/2016

Mail original claim to:  
Texas Medicaid  
P.O. Box 200555  
Austin, Texas 78720-0555

MAGNOLIA FIRST FAMILY MEDICINE PA  
2200 SOUTHWEST FWY STE 333  
HOUSTON, TX 77098-4709  
(713) 520-5450

Mail all other correspondence to:  
Texas Medicaid  
12357-B Riata Trace Parkway  
Austin, Texas 78727-6422  
(800) 925-9126

TPI: 1699621-01  
NPI/API: 1578666756  
Taxonomy: 193200000X  
Benefit Code:  
Report Seq. Number: 11  
R&S Number: 48408394

PAYMENT SUMMARY FOR TAX ID 201355879

	*** AFFECTING PAYMENT THIS CYCLE ***	*** AMOUNT AFFECTING 1099 EARNINGS ***
CLAIMS PAID	AMOUNT 168.46	THIS CYCLE 168.46
SYSTEM PAYOUTS	COUNT 10	YEAR TO DATE 2,715.39
MANUAL PAYOUTS (REMITTED BY SEPARATE CHECK OR EFT)		
AMOUNT PAID TO IRS FOR LEVIES		
AMOUNT PAID TO IRS FOR BACKUP WITHHOLDING		
ACCOUNTS RECEIVABLE RECOUPMENTS		
AMOUNTS STOPPED/VOIDED		-72.98
SYSTEM REISSUES		
CLAIM RELATED REFUNDS		
NON-CLAIM RELATED REFUNDS		
HELD AMOUNT		
PAYMENT AMOUNT	168.46	168.46
PENDING CLAIMS		2,642.41

\*\*\*\*\*PAYMENT TOTAL FOR DIRECT DEPOSIT BY EFT 000000045732604 IN THE AMOUNT OF 168.46.\*\*\*\*\*