

Exhibit 27-4

**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: 11/29/2003

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	03310000102301	90828	10/22/2003	160.00	1.00
REASON CDS: H077.2								
A12003210	A12003210	CLANCY, IKE	96-007L	03310000100801	99245	10/17/2003	96.00	1.00
REASON CDS: H094.1		L017.1 L019.1						
A21110770	A21110770	EARP, WYATT	XYX96089	0331000020170	99233	10/02/2003	255.00	3.00
REASON CDS: L017.1		10/04/98						
A12345678	A12345678	JANE, CALAMITY	ABC96027	03310000100801	99223	10/12/2003	150.00	1.00
REASON CDS: L019.1								
A12345678	A12345678	JANE, CALAMITY	ABC96027	03310000100802	99233	10/13/2003	85.00	1.00
REASON CDS: L019.1								
A12007007	A12007007	BOND, JAMES	XYX96033	03310000100801	99233	10/15/2003	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