

Exhibit 27-5

**SAMPLE REMITTANCE ADVICE – ADJUSTED NON-FACILITY CLAIMS**

REPORT ID: FI04W400  
 PROGRAM ID: FI04L400  
 001549

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
 NON-FACILITY REMITTANCE ADVICE - ACUTE  
 ADJUSTED CLAIMS - INVOICE DATE: 11/29/2003

PAGE: 12  
 RUN: 11/29/2003

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

INVOICE NUMBER: A0200000000001  
 CHECK NUMBER: 48746  
 PAYMENT DATE: 12/02/2003

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		
A61743893	HOLMES, SHERLOCK	03310000100801	99233	10/09/2003	300.00	3.00	222.00	ALLOWED AMOUNT(*)
A61743893	12714-350493	11/26/2003		10/11/2003	3.00		148.00-	PREVIOUSLY PAID
							74.00	NET PAID AMOUNT
PRICE EXPL: MAC *AHA								
A21742813	KURIYAKIN, ILYA	03310000100801	90828	10/24/2003	800.00	5.00	680.00	ALLOWED AMOUNT(*)
A21742813	12224-489133	11/26/2003		10/28/2003	5.00		544.00-	PREVIOUSLY PAID
							136.00	NET PAID AMOUNT
PRICE EXPL: SUB MAC *AHA								
A21742813	PEELE, EMMA	03310000100801	99233	10/24/2003	290.00	3.00	146.00	ALLOWED AMOUNT(*)
A21742813	12714-350493	11/26/2003		10/26/2003	3.00		190.00-	PREVIOUSLY PAID
							44.00-	NET PAID AMOUNT
PRICE EXPL: SUB *MCC *MCD								

• New Allowed Amount is listed first  
 • Previously Paid Amount is "backed out" as negative  
 • Net Paid Amount shows the difference  
 • Net Paid Amount will be negative if the adjusted Allowed Amount is less than the original Allowed Amount  
 • Last page of Adjusted Claims section lists totals

NUMBER OF CLAIMS: 3  
 TOTAL BILLED AMOUNT: 1,390.00  
 TOTAL REMIT AMOUNT: 166.00