

Exhibit 18-1

SAMPLE REMITTANCE ADVICE – ADDRESS PAGE

REPORT ID: FI04W400
PROGRAM ID: FI04L400

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
REMITTANCE ADVICE - REMIT TO ADDRESS

PAGE: 1
RUN: 04/16/2004

BILLING PROVIDER: 654321 01

INVOICE DATE: 04/16/2004
PAYMENT DATE: 04/20/2004

**Address page shows
billing provider's name and
Pay-To mailing address**

PROVIDER NAME
STREET ADDRESS OR P.O. BOX
ANYTOWN AZ
99999

** PLEASE CALL CLAIMS CUSTOMER SERVICE FOR QUESTIONS OR CLARIFICATION ABOUT THE CONTENTS OF THIS PACKAGE **
** CLAIMS CUSTOMER SERVICE MAY BE REACHED AT (602) 417-7670 OR 1-800-794-6862 (IN-STATE) OR 1-800-523-0331 (OUR-OF-STATE) **

PLEASE RETAIN THIS COPY FOR YOUR RECORDS SINCE ONLY ONE COPY OF THE REMITTANCE ADVICE WILL BE SENT.
IF ADDITIONAL COPIES ARE REQUESTED, THERE WILL BE A \$2.00 CHARGE PER PAGE.