

Exhibit 18-10

SAMPLE REMITTANCE ADVICE – PAID FACILITY OUTPATIENT CLAIMS

REPORT ID: FI04W400
 PROGRAM ID: FI04L400
 001549

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 FACILITY REMITTANCE ADVICE - ACUTE
 PAID CLAIMS - INVOICE DATE: 04/16/2004

PAGE: 4
 RUN: 04/16/2004

BILLING PROVIDER: 654321 01 IHS/638 TRIBAL FACILITY
 SERVICE PROVIDER: 654321 01 IHS/638 TRIBAL FACILITY

INVOICE NUMBER: A9800000000001
 CHECK NUMBER: 48746
 PAYMENT DATE: 04/20/2004

TAX ID: 999999999
 FORM TYPE: OUTPATIENT

AHCCCS ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS	
A12345678	OAKLEY, ANNIE	040950003003	03/20/2004	652.00	255.52	ALLOWED AMOUNT (*)
A12345678	0011617768-1	04/14/2004	03/20/2004		255.52	NET PAID AMOUNT
PRICE EXPL: (SCO - .3919) *AHA						
A87654321	JANE, CALAMITY	040950008008	03/25/2004	450.00	176.36	ALLOWED AMOUNT (*)
A87654321	J4176037943-1	04/14/2004	03/25/2004		176.36	NET PAID AMOUNT
PRICE EXPL: (SCO - .3919) *AHA						
A18273645	EARP, WYATT	040950007007	03/19/2004	750.00	293.93	ALLOWED AMOUNT (*)
A18273645	E0116543257-2	04/14/2004	03/19/2004		293.93	NET PAID AMOUNT
PRICE EXPL: (SCO - .3919) *AHA						
A11223344	YOUNGER, COLE	040950009009	03/21/2004	980.00	384.06	ALLOWED AMOUNT (*)
A11223344	Y0327188796-1	04/14/2004	03/21/2004		384.06	NET PAID AMOUNT
PRICE EXPL: (SCO - .3919) *AHA						

• Last page of Paid Claims section lists totals for inpatient and outpatient claims

NUMBER OF CLAIMS: 10
 TOTAL BILLED AMOUNT: 23,714.67
 TOTAL REMIT AMOUNT: 23,714.27