Exhibit 27-10

SAMPLE REMITTANCE ADVICE - PAID FACILITY OUTPATIENT CLAIMS

REPORT ID: FI04W400-1 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

PROGRAM ID: F104L400 FACILITY REMITTANCE ADVICE - FEE FOR SERVICE
PAID CLAIMS - INVOICE DATE: 04/23/2005

BILLING PROVIDER: 991353 01 SAGE MEMORIAL HOSPITAL INVOICE NUMBER: B9999402135301

SERVICE PROVIDER: 991353 SAGE MEMORIAL HOSPITAL CHECK NUMBER: 19584
PAYMENT DATE: 04/27/2005

FOR	TYPE: OUTPATIENT								
AHCCCS ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER		CRN STATUS DATE	DATES OF SERVICE/ SERVICE	BILLED AMOUNT	BILLED UNITS	ALLOWED UNITS	ALLOWED AMOUNT	PRICE EXPL
XXX980030	BEGAY, ALVIN H		YY111600007900	04/14/2005					
XXX980030	VV65753441		04/21/2005	04/14/2005					XXX XXX XXX XXX XXX
			YY111600007901	300 36415	13.00	1.0	1.0	7.53	XXX XXX XXX XXX XXX
			YY111600007902	305 85025	58.00	1.0	1.0	33.61	XXX XXX XXX XXX XXX
SUBTOTALS:	NUMBER OF LINES PER CLAIM:	2					+/-	0.41	DISCOUNT/PENALTY
	TOTAL BILLED AMOUNT:	71.00							
	TOTAL REMIT AMOUNT:	40.73						40.73	NET PAID AMOUNT

GRAND TOTALS: NUMBER OF CLAIMS: 1

TOTAL BILLED AMOUNT: 71.00 TOTAL REMIT AMOUNT: 40.73

> PRICE EXPL(anation) codes are listed on Processing Notes page

PAGE: 3

RUN: 04/26/2005