## Exhibit 18-8

## SAMPLE REMITTANCE ADVICE - PROCESSING NOTES

REPORT ID: F104W400 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM PAGE: 15
PROGRAM ID: F104L400 REMITTANCE ADVICE - PROCESSING NOTES RUN: 04/16/2004

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BTTTTING	PROVIDER:	654321	UΤ	HOLLIDAY.	DOC:

TAX ID: 999999999 FORM TYPE: FORM 1500

NOTE	TYPE	DESCRIPTION

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- \*\* PLEASE CALL CLAIMS CUSTOMER SERVICE FOR FURTHER EXPLANATION OF ANY DESCRIPTION \*\*
- \*\* CLAIMS CUSTOMER SERVICE MAY BE REACHED AT (602) 417-7670 OR 1-800-794-6862 (IN-STATE) OR 1-800-523-0331 (OUT-OF-STATE) \*\*

- H077.2 R SERVICE PROVIDER LOCATION CODE IS INVALID
- H094.1 R PRIMARY DIAGNOSIS CODE FIELD IS NOT ON FILE
- H140.3 R PRIMARY DIAGNOSIS CODE NOT COVERED FOR CONTRACT TYPE
- L017.1 R PLACE OF SERVICE CODE IS MISSING
- L019.1 R DIAGNOSIS REFERENCE CODE 31 IS MISSING
- L067.1 R RECIPIENT HAS PART B; MEDICARE DATA MUST BE INDICATED, IS MISSING
- MAX M MAXIMUM ALLOWED CHARGE/CAPPED FEE
- MCC T MEDICARE COINSURANCE
- MCD T MEDICARE DEDUCTIBLE
- PDM M PER DIEM
- SUB M SUBMITTED AMOUNT FROM CLAIM

- Remittance Advice Processing Notes is last section in package
- Alphabetical listing of processing note code descriptions (denial reasons, pricing methods, etc.)
- Each code listed only once even if applicable to multiple claims

NOTE TYPES: M = PRICING METHOD, P = PRICING TYPE, R = REASON CODE, T = TIER, X = MODIFIER