ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

REPORT ID: XXXXXXXX HP PAID TO BILLED AMOUNT CY9999 - BY FORM TYPE, HP ID

_

0

	FORM	HP ID	HP PAID = ZERO	HP PAID > BILLED	HP PAID = BILLED	TOTAL ENCS
•		XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
			3199,999,999,968	3199,999,999,968	3199,999,999,968	3199,999,999,968

0	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
1 6/20/04			ADIZOMA UI	ENT THE CARE COOT CONTA	INMENT CVCTEM	

1 6/29/04 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM PAGE 2

REPORT ID: XXXXXXXX HP PAID TO BILLED AMOUNT CY9999 - BY FORM TYPE, HP ID

_						
			HP PAID =	HP PAID >	HP PAID =	TOTAL
	FORM	HP ID	ZERO	BILLED	BILLED	ENCS
0	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
			1899,999,999,981	1899,999,999,981	1899,999,999,981	1899,999,999,981
0	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999

_			HP PAID =	HP PAID >	HP PAID =	TOTAL
				CY9999 - BY FORM TYPE,	HP ID	
				HP PAID TO BILLED AN		
				REPORT ID: XXXXXXX		
PAGE 3				-		
1 6/29/04			ARIZONA	HEALTH CARE COST CONTA	AINMENT SYSTEM	
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
0	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
			3299,999,999,967	3299,999,999,967	3299,999,999,967	3299,999,999,967
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	Х	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X X	XXXXXX	99,999,999,999	99,999,999,999 99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999 99,999,999,999	99,999,999,999	99,999,999,999 99,999,999,999	99,999,999,999 99,999,999,999
	v	vvvvvv	00 000 000 000	00 000 000 000	00 000 000 000	00 000 000 000

_						
			HP PAID =	HP PAID >	HP PAID =	TOTAL
	FORM	HP ID	ZERO	BILLED	BILLED	ENCS
0	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999

X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
		2799,999,999,972	2799,999,999,972	2799,999,999,972	2799,999,999,972
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
		ARIZONA	HEALTH CARE COST CON	TAINMENT SYSTEM	

REPORT ID: XXXXXXXX
HP PAID TO BILLED AMOUNT

1 6/29/04

0

PAGE 4

CY9999 - BY FORM TYPE, HP ID

_

			HP PAID =	HP PAID >	HP PAID =	TOTAL
	FORM	HP ID	ZERO	BILLED	BILLED	ENCS
0	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
	X	XXXXXX	99,999,999,999	99,999,999,999	99,999,999,999	99,999,999,999
			2999,999,999,970	2999,999,999,970	2999,999,999,970	2999,999,999,970
0			14199,999,999,858	14199,999,999,858	14199,999,999,858	14199,999,999,858