

PROVIDER NUMBER: 999999999[1]
STER CONSENT[2]

STATE OF MISSOURI MEDICAID
REMITTANCE ADVICE AS OF 99-99-99[3]

RA # 999999999[4]
PAGE 9[5]

RECIPIENT NAME [6]	MEDICAID I.D. [7]	ATTACHMENT ICN [8]	DATE OF SURGERY [16]	MSG SYS MAN [12]
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XXXXXXXXXX	XXXXXXX	99999999	0399999999999999	99/99/99	999
XXXXXXXXXX	XXXXXXX	99999999	0399999999999999	99/99/99	
XXXXXXXXXX	XXXXXXX	99999999	0399999999999999	99/99/99	

*** EDIT MESSAGE NBR:X-99-999

[13]

*****CATEGORY TOTALS: NUMBER OF ATTACHMENTS= 999

[14]

*****PROVIDER TOTALS: NUMBER OF ATTACHMENTS= 999

[15]