

PROVIDER NUMBER: 999999999[1]
MED NECESSITY[2]

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

RA # 999999999[4]
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RECIPIENT NAME [6]	MEDICAID I.D. [7]	ATTACHMENT ICN [8]	SERVICE DATES			MOD1	MOD2	MSG	
			FROM MM/DD/YY [9]	TO MM/DD/YY [10]	PROC CODE [11]			SYS	MAN

XXXXXXXXXX	XXXXXXXXXX	999999999	0799999999999999999	99/99/99	99/99/99	99999			
XXXXXXXXXX	XXXXXXXXXX	999999999	0799999999999999999	99/99/99	99/99/99	99999	999	999	
XXXXXXXXXX	XXXXXXXXXX	999999999	0799999999999999999	99/99/99	99/99/99	99999			

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

[13]

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

[14]

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

[15]