

PROVIDER NUMBER: 999999999[1]  
SURS -118[2]

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

RA # 99999999[4]  
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RECIPIENT	MEDICAID	ATTACHMENT	SIGN-DATE	MSG
NAME	I.D.	ICN	MM/DD/YY	SYS MAN
[6]	[7]	[8]	[17]	[12]

XXXXXXXXXX	XXXXXXXX	99999999	0299999999999999	99/99/99	
XXXXXXXXXX	XXXXXXXX	99999999	0299999999999999	99/99/99	
XXXXXXXXXX	XXXXXXXX	99999999	0299999999999999	99/99/99	99

\*\*\* EDIT MESSAGE NBR:X-99-999  
[13]

\*\*\*\*\*CATEGORY TOTALS: NUMBER OF ATTACHMENTS= 999  
[14]

\*\*\*\*\*PROVIDER TOTALS: NUMBER OF ATTACHMENTS= 999  
[15]