

Exhibit 18-11

SAMPLE REMITTANCE ADVICE – DENIED FACILITY CLAIMS

REPORT ID: FI04W400
 PROGRAM ID: FI04L400
 001549

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 FACILITY REMITTANCE ADVICE - ACUTE
 DENIED CLAIMS

PAGE: 5
 RUN: 04/16/2004

BILLING PROVIDER: 654321 01 IHS/638 TRIBAL FACILITY
 SERVICE PROVIDER: 654321 01 IHS/638 TRIBAL FACILITY

TAX ID: 999999999
 FORM TYPE: OUTPATIENT

AHCCCS ID	RECIPIENT	NAME	PATIENT ACCOUNT NBR	CRN	DATES OF SERVICE		BILLED AMOUNT	BILLED UNITS
A17520033	A17520033	DOS PASSOS, JOHN	147A321	041000050001	03/24/2004	03/26/2004	3,014.00	2.00
REASON CDS: H154.3								
A17650082	A17650082	HAWTHORNE, NATHANIEL	148C123	041000010113	03/29/2004	03/30/2004	1,507.00	1.00
REASON CDS: H140.3 H141.3 H142.3								
A17050080	A17050080	HEMINGWAY, ERNEST	168B456	041000010312	03/01/2004	03/03/2004	1,507.00	1.00
REASON CDS: L037.1								
A17030074	A17030074	IRVING, WASHINGTON	148D789	041010010312	03/23/2004	03/26/2004	4,521.00	3.00
REASON CDS: L037.1								
525465421	525465421	STEIN, GERTRUDE	150L654	040990777763	03/04/2004	03/06/2004	3,014.00	2.00
REASON CDS: H082.3								

• Explanations of denial REASON CDS are listed on Processing Notes page
 • Multiple denial reasons can be reported
 • Last page of Denied Claims section lists totals for inpatient and outpatient claims

NUMBER OF CLAIMS: 5
 TOTAL BILLED AMOUNT: 13,563.00