



Section: Remittance Advice

7.1 Cover Page Information

Field	Field Name	Remittance Advice Field Description
1	Pay to Provider Number	The 8-digit number of the provider or group that is to receive payment. The pay to provider is not necessarily the same as the provider who performed the service. This provider number also appears in the top left of the header page.
2	Provider Name	The name of the provider entity receiving payment.
3	Provider Address, City, State, Zip	Address 1 and 2 – First and Second address line; City – Address city; State – Address state; Zip – Address zip code
4	Please Send Inquiries To:	Fiscal agent name, address, city, state, zip, contact telephone number and web portal address.
5	Total Associated Payment	Total amount of cycle check or electronic funds transfer (EFT).
6	Payment Date	Payment date of the check or EFT.
7	Paid to Provider Tax ID	The federal tax ID number of the provider or group that is to receive payment. This is not necessarily the same as the provider who performed the service.
8	Method of Payment	Indicates the form of payment. <ul style="list-style-type: none"> • CHK – Check • ACH – Automated Clearing House (EFT)
9	ACH Format	For ACH EFT payments
10	Deposited To Bank	Provider’s bank routing number.
11	Account No./Type	Provider’s bank account number and type.
12	Check/EFT Payment Number	System assigned check or EFT number
13	For Claims Paid Through	Cycle run date. Claims processed through this date are included in this RA.

00099999*****MISSISSIPPI MEDICAID REMITTANCE ADVICE*****PAGE 1

Cover Page Information

PAY TO PROVIDER NUMBER: **1** 00099999 **2**

JOHN Q PROVIDER **3**
1300 PHYSICIAN PARK DR
ANYTOWN, MS 38000

(FOR CHANGE OF ADDRESS, DOWNLOAD FORM FROM WEB PORTAL)

4 PLEASE SEND INQUIRIES TO: ACS, INC
PROVIDER SERVICES
P.O. BOX 23078
JACKSON, MS 39225-3078
TELEPHONE: (800) 884-3222
WEB PORTAL: [HTTP://MSMEDICAID.ACS-INC.COM](http://MSMEDICAID.ACS-INC.COM)

REMITTANCE INFORMATION ONLY

TOTAL ASSOCIATED PAYMENT: \$3,070.99 **5** PAYMENT DATE: 01/07/2008 **6**

PAID TO PROVIDER TAX ID: 123456789 **7**

METHOD OF PAYMENT: ACH - ELECTRONIC FUNDS TRANSFER **8** ACH FORMAT: CCP - CCD PLUS ADDENDA **9**

HECK/EFT PAYMENT NUMBER: 001110043 **12** DEPOSITED TO BANK: 123456778 **10**
ACCOUNT NO. /TYPE: 000111111 DA CHECKING **11**

FOR CLAIMS PAID THROUGH: 01/07/2008 **13**

JOHN Q PROVIDER
1300 PHYSICIAN PARK DR
ANYTOWN, MS 38000