MAIL	REC	EIPT OF PAY	MENT		NO.				
PAYMENT TYPE:	CASH	CHECK	MONEY ORDER	FOOD COUPON	ıs [RETURN - UNENDOR	SED DEPA	RTMENTA	L CHECK
CLAIM NAME (Last,	First, MI)		SOCIAL S	SECURITY NUMBER	CO	RECORD NUMBER	CAT	GG	DIST
ADDRESS - STREE	T NO., PO BOX	, CITY, STATE	·				ZIP COE	DE PLUS 4	
NAME OF PERSON MAKING PAYMENT - IF DIFFERENT THAN ABOVE (Last, First, MI) BUDGET NAME - IF DIFFERENT THAN ABOVE (Last, First, MI)									
ADDRESS - STREET NO., PO BOX, CITY, STATE ZIP CODE PLUS 4									
TOTAL PAYMENT AMOUNT \$ DOLLARS CENT			UNENDORSED DE CHECK D		CHECK NUMBER			CHECK DATE	
RESTITUTION	DOLLARS CEN	CASH ASSIS OVERPAYME			w.	MEDICAL ASSISTANCE OVERPAYMENT	DATE OF PA 189	/	1
REIMBURSEMENT	\$	CASH ASSIS MEDICAL AS	TANCE REIMBURSEME SISTANCE (see Reverse of		DATE OF FIRM OR TELEPHON		1	1	
CHILD SUPPORT	\$	VOLUNTARY COURT ORD		(Last, First, MI)		SUPPORT PAYOR NO.	DATE OF PA/CS 4D	1	/
							_		
SIGNATURE - CL	REPRESENTATIVE	SIGNATURE - CAO WITNESS DATE							
NOTICE - Your signature confirms that the payment amount shown above is the amount you paid and is correctly noted on this receipt. Payment is accepted on this account. Your claim, or the claim of the person on whose behalf payment is made and any balances or								unt. Your	
SIGNATUR	E - CAO REPRI	ESENTATIVE	DATE	adjustments, will be d	letermined	by the Commonwealth.			
COMMENTS									

PA/CS 175M (1/96)

☐ MAIL	REC	EIPT OF PA	YMENT		NO.				
PAYMENT TYPE:	CASH	CHECK	MONEY ORDER	FOOD COUPON	IS	RETURN - UNENDO	ORSED DEP	ARTMENTA	AL CHECK
CLAIM NAME (Last,	, First, MI)		SOCIAL	SECURITY NUMBER	СО	RECORD NUMBER	CAT	GG	DIST
ADDRESS - STREE	T NO., PO BOX	, CITY, STATE	L		1	1	ZIP CO	DE PLUS	1
NAME OF PERSON	MAKING PAYM	ENT - IF DIFFEREN	NT THAN ABOVE (Last, First, N	BUDGET NAME	- IF DIF	FFERENT THAN ABOVE (I	Last, First, M	l)	
ADDRESS - STREE	T NO., PO BOX	, CITY, STATE					ZIP CO	DE PLUS 4	1
TOTAL PAYME	ENT AMOUNT	DOLLARS	CENTS UNENDORSED DI CHECK			CHECK NUMBER		CHECK DA	ATE
RESTITUTION	DOLLARS CEN	CASH AS	SISTANCE FOOD STA		w. L	MEDICAL ASSISTANCE OVERPAYMENT	DATE OF PA 189	/	/
REIMBURSEMENT	\$		CASH ASSISTANCE REIMBURSEMENT/SUPPORT CODE MEDICAL ASSISTANCE (see Reverse of Page 3) OR TELEPHONE CALL						/
CHILD SUPPORT	\$	VOLUNTA	RY DEFENDANT NAME			SUPPORT PAYOR NO.	DATE OF PA/CS 4E		/
SIGNATURE - CI	LIENT/CLIENT F	REPRESENTATIVE	DATE	SIGN	ATURE :	- CAO WITNESS		DATE	<u> </u>
SIGNATUR	ESENTATIVE	SIGNATURE	SIGNATURE - DPW-BFO/OW FIRM CASHIER DATE						
COMMENTS			2A - CAO	CASE RECORD				PA/CS	175M (1/96)
CLAIM NAME (Last,	, First, MI)		COUNTY PR	OCESSING PAYMENT	СО	RECORD NUMBER	CAT	GG	DIST
TOTAL PAYMEN	NT AMOUNT	DOLLARS \$	CENTS PAYMENT TYPE	CASH			NEY RDER	FOO	D IPONS
NO.				CICNIATUR	DE CA4) REPRESENTATIVE		DATE	

PA/CS 175M (1/96)

☐ MAIL	REC	EIPT OF PA	YMEN	Т			NO.				
PAYMENT TYPE:	CASH	CHECK	МО	NEY ORDI	ER _	FOOD COUPOR	NS	RETURN - UNE	NDORSED DEP	ARTMENT	AL CHECK
CLAIM NAME (Last	, First, MI)	,		(SOCIAL SEC	JRITY NUMBER	CO	RECORD NUMBER	CAT	GG	DIST
ADDRESS - STREE	ET NO., PO BOX	X, CITY, STATE						<u> </u>	ZIP CC	DDE PLUS	4
NAME OF PERSON	N MAKING PAYI	MENT - IF DIFFEREN	T THAN AB	OVE (Last,	First, MI)	BUDGET NAMI	E - IF DIF	FERENT THAN ABOV	/E (Last, First, M	I)	
ADDRESS - STREE	ET NO., PO BOX	X, CITY, STATE							ZIP CC	DE PLUS	4
TOTAL PAYMI	ENT AMOUNT	DOLLARS \$	CENTS		SED DEPAR		(CHECK NUMBER	•	CHECK D	ATE
RESTITUTION	DOLLARS C	CASH ASS OVERPAY	SISTANCE MENT		OD STAMP ERPAYMENT	F.S. E&T SP. ALLO		MEDICAL ASSISTA OVERPAYMENT	NCE DATE OF PA 189	1	1
REIMBURSEMENT	\$	CASH ASS			URSEMENT/Severse of Page	SUPPORT CODE e 3)			F FIRM 173S EPHONE CALL	/	1
CHILD SUPPORT	\$	VOLUNTA		EFENDAN	T NAME (Las	, First, MI)		SUPPORT PAYOR NO.	DATE OF		/
SIGNATURE - C	LIENT/CLIENT	REPRESENTATIVE		DATE	-	SIGN	IATURE -	CAO WITNESS		DAT	E
SIGNATURE - CAO REPRESENTATIVE DATE						SIGNATURE - DPW-BFO/OW FIRM CASHIER				DAT	E
COMMENTS				3A - DF	PW-BFO/OW	FIRM CASHIER				PA/CS	175M (1/96)
CLAIM NAME (Last	, First, MI)			COU	NTY PROCES	SSING PAYMENT	СО	RECORD NUMBER	CAT	GG	DIST
TOTAL PAYME	NT AMOUNT	DOLLARS \$	CENTS	PAYMENT	TYPE	CASH		CHECK	MONEY ORDER	FOC	DD JPONS
NO.											
					_	SIGNATU	RE - CAC) REPRESENTATIVE		DAT	 E

PA/CS 175M (1/96)

REIMBURSEMENT CODES	MEDICAL ASSISTANCE CODES
01 RESERVED	69 TPL - HEALTH INSURANCE
02 SSI	70 TPL - AUTO RELATED
03 UC	72 TPL - DECEDENT'S ESTATE
04 PERSONAL DAMAGE	73 TPL - SELF-INSURED ENTERPRISE
05 RESERVED	74 TPL - WORKER'S COMPENSATION
06 INHERITANCES	75 TPL - LEGALLY RESPONSIBLE RELATIVE
07 SICK BENEFITS	76 TPL - LYING-IN EXPENSES
08 WORKER'S COMPENSATION	77 TPL - MEDICAL CHILD SUPPORT
09 MISCELLANEOUS (i.e. BLACK LUNG, RR PENSION)	80 TPL - OTHER
10 SOCIAL SECURITY SURVIVOR'S & DISABILITY BENEFITS	92 TPL - SLIP AND FALL
11 SOCIAL SECURITY RETIREMENT	93 TPL - MEDICAL MALPRACTICE
12 VETERAN'S BENEFITS (VA)	94 TPL - PRODUCT LIABILITY
13 RESERVED	95 TPL-ASSAULT
14 RESERVED	96 TPL - MOTORCYCLE
15 MINOR'S TRUST FUND	97 LTC - NURSING HOME
16 RESERVED	MEDICAL ASSISTANCE CODES
	51 CHILD/SPOUSAL SUPPORT PAYMENT
	55 ALIMONY 59 IV-D RECOVERY