					NO.					
<u>0-325</u>	PAYMENT TYP				СО	RECORD NUMBER	CAT	GG	DIST	
	CLAIM NAME (		UNENDORSED DEPA			SOCIAL SE		MBER		
ADDRESS - STREET NO.		STATE						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 COD	DE PLUS 4	ļ	
TOTAL PAYMENT AN		DOLLARS CENTS	UNENDORSED DEF CHECK D			CHECK NUMBER		CHECK DA	ΛTE	
RESTITUTION \$	LARS CENTS	CASH ASSISTANC OVERPAYMENT	E SNAP OVERPAYME	ENT SNAP E&		MEDICAL ASSISTANCE OVERPAYMENT	DATE OF PA 189	1	/	
REIMBURSEMENT \$		<ul> <li>CASH ASSISTANC</li> <li>MEDICAL ASSISTA</li> </ul>	E REIMBURSEMEI	NT/SUPPORT CODE Page 3)		DATE OF FIR OR TELEPHO		/	/	
CHILD SUPPORT \$		VOLUNTARY	DEFENDANT NAME (I	Last, First, MI)		SUPPORT PAYOR NO.	DATE OF PA/CS 4D	1	/	
SIGNATURE - CLIENT	CLIENT REPRE	SENTATIVE	DATE	SIGN	ATURE	- CAO WITNESS		DATE		
				you paid and is correct	ctly note	firms that the payment amo ed on this receipt. Payment i son on whose behalf payme	is accepted or	n this acco	ount. Your	
SIGNATURE - CA	AO REPRESENT	TATIVE	DATE	adjustments, will be d	letermin	ed by the Commonwealth.				
COMMENTS									15000 12400	

1 - CLIENT/CLIENT REPRESENTATIVE

PA/CS 175 M 4/17

		T OF PAYME	NT		NO.					
<u>19955</u>	PAYMENT TYP				CO	RECORD NUMBE	۲ C	AT	GG	DIST
	CLAIM NAME (	Last, First, MI)				soc	IAL SECURI	Y NUM	BER	
ADDRESS - STREET N	IO., PO BOX, CITY,	STATE				<b>I</b>	Z	P CODE	E PLUS 4	
IAME OF PERSON MA	AKING PAYMENT -	IF DIFFERENT THAN	ABOVE (Last, First, MI)	BUDGET NAME	- IF DIF	FERENT THAN ABO	OVE (Last, Fir	rst, MI)		
ADDRESS - STREET N	IO., PO BOX, CITY,	STATE					Z	P CODE	E PLUS 4	
TOTAL PAYMENT	AMOUNT \$	DOLLARS CENTS	UNENDORSED DEP CHECK DA			CHECK NUMBER		Cł	HECK DA	TE
RESTITUTION \$	DOLLARS CENTS	CASH ASSISTANC				MEDICAL ASSIST	PA 1		/	/
REIMBURSEMENT \$			ANCE (see Reverse of P			OR TE	OF FIRM 173	ALL	1	/
CHILD SUPPORT \$		COURT ORDER	DEFENDANT NAME (L			SUPPORT PAYOR NO.		E OF CS 4D	1	/
SIGNATURE - CLIEI	NT/CLIENT REPRE	SENTATIVE	DATE	SIGNA	TURE	- CAO WITNESS			DATE	
SIGNATURE -	CAO REPRESENT	ATIVE	DATE	SIGNATURE -	DHS-B	BFO/OW FIRM CASH	lier		DATE	
COMMENTS			2A - CAO C/	ASE RECORD						
CLAIM NAME (Last, Fir	st, MI)		-	CESSING PAYMENT	СО	RECORD NUMBE	R C	AT	GG	DIST
TOTAL PAYMENT AM	OUNT SOULLA	RS CENTS PAYM		СНЕСК МОГ	NEY OF	RDER				I
NO.										

2B - CAO CONTROL FILE	2B	- CAO	CONTROL	FILE
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SIGNATURE - CAO REPRESENTATIVE

DATE



						NO.					
- 4-00	PAYMENT		MONEY ORDER	IMENTAL CHECK	CO	RECORD NUMBER	CAT	GG	DIST		
	CLAIM NAM	ME (Last, First, MI)				SOCIAL SEC	URITY NUM	/BER			
ADDRESS - STREET NO., PO BOX, CITY, STATE							ZIP COD	ZIP CODE PLUS 4			
NAME OF PERSON MA	KING PAYMEN	NT - IF DIFFERENT THAN	ABOVE (Last, First, MI)	BUDGET NAME	- IF DIF	FERENT THAN ABOVE (Las	t, First, MI)				
ADDRESS - STREET NO	O., PO BOX, C	CITY, STATE					ZIP COD	DE PLUS 4			
TOTAL PAYMENT	AMOUNT	DOLLARS CENTS	UNENDORSED DEPA CHECK DAT		C	CHECK NUMBER	C	HECK DA	TE		
RESTITUTION \$	DOLLARS CENTS	CASH ASSISTANC OVERPAYMENT	E SNAP OVERPAYMEN	IT SNAP E&		MEDICAL ASSISTANCE OVERPAYMENT	DATE OF PA 189	/	/		
REIMBURSEMENT \$		CASH ASSISTANCE REIMBURSEMENT/SUPPORT CODE MEDICAL ASSISTANCE (see Reverse of Page 3)				DATE OF FIRM 173S OR TELEPHONE CALL					
CHILD SUPPORT \$		VOLUNTARY	DEFENDANT NAME (La	st, First, MI)		SUPPORT PAYOR NO.	DATE OF PA/CS 4D	1	/		
SIGNATURE - CLIENT/CLIENT REPRESENTATIVE DA			DATE	SIGNATURE - CAO WITNESS			DATE				
SIGNATURE - CAO REPRESENTATIVE DATE				SIGNATURE - DHS-BFO/OW FIRM CASHIER DATE							
COMMENTS											
			3A - DHS-BFO/OV	-							
CLAIM NAME (Last, Firs	st, MI)		COUNTY PROC	ESSING PAYMENT	СО	RECORD NUMBER	CAT	GG	DIST		
TOTAL PAYMENT AMO	DO \$	DLLARS CENTS PAYMI		СНЕСК МОМ	NEY OR	DER					
NO.											

SIGNATURE - CAO REPRESENTATIVE



DATE





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					

