

IN-HOME SUPPORTIVE SERVICES OVERPAYMENT COLLECTION TRANSACTION

1. RECIPIENT	2. PROVIDER NAME
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3. RECIPIENT NUMBER				4. PROVIDER NUMBER				5. SEQ	
6. TYPE A R P	7. STATUS A H C	8. START WITHHOLD	9. STOP WITHHOLD	10. ORIGINAL AMOUNT	11. DEDUCT AMOUNT	12. APPLIED AMOUNT			
13. WARRANT NUMBER	14. FROM DATE	15. TO DATE	16. WITHHOLD 03 10 11 13		17. F.I.C.A.	18. S.D.I.	19. SHARE/COST		

20. REASON CODES - NOA	21. COUNTY USE
22. REFERENCE	

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COUNTY VALIDATION		
23. AUTHORIZATION	DATE	REMARKS
24. VALIDATION	DATE	REMARKS