



## Social Service Providers/Vendors Frequently Asked Questions

### Authorization issues

1. My authorization is in error?
  - a. Contact the authorizing worker to resolve the error. Errors on future dates of service should not cause problems for current claims. If there is an error on current or past dates of service these should be resolved as soon as possible. Services should not begin without an authorization in no error status.
2. I received an error on my claim that the dates are no longer authorized or there is a client eligibility issue.
  - a. Review the dates on your claim and the dates on your authorization list. If you have verified that the dates you claimed were previously authorized or are otherwise correct you will need to coordinate with the authorizing worker to update or change the authorization to reflect the correct dates of service. Once the authorization reflects the correct dates you can adjust the TCN that previously denied.
3. My authorization is in 'reviewing' status and won't pay.
  - a. Contact the authorizing worker and ask them to update the status of the authorization from 'reviewing' to 'approved'. Once the worker has verified that the good/service was delivered/complete and they have received the final invoice cost they should be able to update the authorization and change the status to "approved".
4. The wrong rate or service code is authorized.
  - a. Contact the authorizing worker to correct the social service authorization.

### Taxes

1. I am an AFH owner and I live in the same household as my client. Where can I find out more information about IRS Notice 2014-7, Difficulty of Care Payments Excludable from Income for Washington State?
  - a. Please see the following [link](#).

### Remittance Advice

1. How long can I access an RA in ProviderOne? Do I need to download and save copies of my RAs?



- a. RAs are retrievable in ProviderOne for up to 1 year. Providers are required to retain records for up to 6 years and are responsible for retaining copies for this purpose.
2. What does NOC mean? I see this on my Remittance Advice (RA).
- a. NOC stands for Non-Offset to Collections and Accounts Receivable System (CARS), where CARS is the financial system that Office of Financial Recovery (OFR) uses to manage provider's debt. You will see NOC on your RA if a claim has adjusted as non-offset and the new "paid" amount is less than the paid amount or the original claim. Non-offset is when the debt is automatically sent to OFR. OFR then contacts the provider to address the debt.

On your RA, you will see two lines for each TCN or claim number. The first line is titled NOC invoice. This is establishing the debt in ProviderOne. The second line is titled NOC Referred to CARS. This shows that the remaining balance amount in ProviderOne was reduced to zero (\$0) because the debt was sent from ProviderOne to CARS. OFR will now be contacting you to collect the debt. The debt is not paid off until OFR's statements reflect \$0.

<b>Adjustment Type</b>	<b>Previous Balance</b>	<b>Adjustment Amount</b>	<b>Remaining Balance Amount</b>
NOC Invoice	\$ -	\$ -	\$ 2,164.68
NOC Referred to CARS	\$ 2,164.68	\$ 2,164.68	\$ -



3. On my RA, I see an adjustment labeled “DSHS Office of Financial Recovery”. What does that mean?
  - a. If an overpayment is being paid off by withholding against your future ProviderOne payments, you will see this show up in the summary section of your RA and labeled as “DSHS Office of Financial Recovery” in Adjustment Type. You will also receive a letter notifying you that this withholding will begin being taken. If you have any questions regarding the withholding or would like it adjusted, please call OFR at 360-664-5700, 1-800-562-6114, or TTY WA 1-800-833-6388.

Billing Provider	Fin Invoice Number/Parent TCN	Source	Adjustment Type	Previous Balance	Adjustment Amount	Remaining Balance Amount
111XXXXXX01	APXXXXXXX	System Initiated	DSHS Office of Financial Recovery	\$500	\$500	\$0



4. My claim was adjusted and it offset, meaning it was taken back against my next payments; now I would like an administrative hearing? What do I do?
  - a. On your Remittance Advice (RA), there is a box detailing how to dispute your overpayment. You must send a letter within 28 days of the RA date. An administrative hearing will be scheduled after Health Care Authority (HCA) receives the request. Please see details on your RA for more information.

### Adjustments and Overpayments

5. How do I adjust my claims? How do I void my claims?
  - a. Please see the tutorials describing how to adjust your claim located at the [ProviderOne for social services](#) page. For social services, the trainings are titled **Adjust, Void, and Resubmit Claim** and **Adjusting Social Service Medical Claims**. If you still need assistance, please submit a message via the [Contact Us web form](#), or call 1-800-562-3022 and follow the prompts for social service providers.
6. I know I have been overpaid, what do I do?
  - a. If you were overpaid for a claim that automatically generated (one-time, repetitive, or individual repetitive payment types) please contact the authorizing worker; the authorizing worker will need to update the social service authorization and initiate an adjustment of the claim. If you have been overpaid for a claim that you submitted you can adjust the claim in ProviderOne. See the tutorials describing how to adjust your claim located at the [ProviderOne for social services](#) page. For social services, the trainings are titled **Adjust, Void, and Resubmit Claim** and **Adjusting Social Service Medical Claims**. If you still need assistance, please submit a message via the [Contact Us web form](#), or call 1-800-562-3022 and follow the prompts for social service providers.



**7. An overpayment was created, but I don't understand how it happened?**

- a. You are first notified of an overpayment on your RA when a claim is adjusted and results in an amount owed less than what was originally paid; the overpayment will be reflected in the adjustments summary on page 2 of your RA and you can see details of the claims in the Adjustments category of your RA. Your overpayment letter will identify the payment details for your original paid claim To see the details of what dates or services are no longer eligible for payment you need to look at your RA that shows the adjustment.

<b>Prepared Date:</b> 02/19/2021 <b>RA Date:</b> 02/19/2021								
<b>Page 2</b>								
<b>Provider Adjustments</b>								
<b>Total Paid</b>	<b>Billing Provider</b>		<b>FIN Invoice Number/ Parent TCN</b>	<b>Source</b>	<b>Adjustment Type</b>	<b>Previous Balance Amount</b>	<b>Adjustment Amount</b>	<b>Remaining Balance Amount</b>
\$9782.99	12	02	22 552 000	90/ System Initiated	NOC Invoice	\$0.00	\$0.00	\$456.95
-\$1096.23	12	02	22 552 000	90/ System Initiated	NOC Referred to CARS	\$456.95	\$456.95	\$0.00
<b>Total Adjustment Amount</b>						<b>\$456.95</b>		



RA Number: 50 5		Warrant/EFT #: 8!		Warrant/EFT Date: 02/18/2021			Prepared Date: 02/19/2021			RA Date: 02/19/2021			Page 9	
Category: Adjustments		Billing Provider: 12 2												
Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
H , M 20 4WA  552 000	752 ADSA-H 10	000 1	127	07/01/2020- 07/01/2020	T1020 U1	1.0000	-\$185.65	-\$185.65	\$0.00	\$0.00	-\$185.65	\$0.00		142 45 94 = -\$185.65
	752 ADSA-H 10	000 2	127	07/02/2020- 07/02/2020	T1020 U1	1.0000	-\$185.65	-\$185.65	\$0.00	\$0.00	-\$185.65	\$0.00		142 45 94 = -\$185.65
	752 ADSA-H 10	000 3	127	07/03/2020- 07/03/2020	T1020 U1	1.0000	-\$185.65	-\$185.65	\$0.00	\$0.00	-\$100.00	-\$85.65		142 45 94 = -\$185.65
	752 ADSA-H 10	000 4	127	07/04/2020- 07/04/2020	T1020 U1	1.0000	-\$185.65	-\$185.65	\$0.00	\$0.00	\$0.00	-\$185.65		142 45 94 = -\$185.65
	752 ADSA-H 10	000 5	127	07/05/2020- 07/05/2020	T1020 U1	1.0000	-\$185.65	-\$185.65	\$0.00	\$0.00	\$0.00	-\$185.65		142 45 94 = -\$185.65
<b>Document Total:</b>				07/01/2020-07/05/2020		5.0000	-\$928.25	-\$928.25	\$0.00	\$0.00	-\$471.30	-\$456.95		
H , M 20 4WA  552 000	552 ADSA-H 10	000 1	127	07/01/2020- 07/01/2020	T1020 U1	1.0000	\$185.65	\$185.65	\$0.00	\$0.00	\$185.65	\$0.00		142 45 94 = \$185.65
	552 ADSA-H 10	000 2	127	07/02/2020- 07/02/2020	T1020 U1	1.0000	\$185.65	\$185.65	\$0.00	\$0.00	\$185.65	\$0.00		142 45 94 = \$185.65
	552 ADSA-H 10	000 3	127	07/03/2020- 07/03/2020	T1020 U1	1.0000	\$185.65	\$185.65	\$0.00	\$0.00	\$185.65	\$0.00		142 45 94 = \$185.65
<b>Document Total:</b>				07/01/2020-07/03/2020		3.0000	\$556.95	\$556.95	\$0.00	\$0.00	\$556.95	\$0.00		

8. If I was paid incorrectly and need to create an overpayment, what are my options? How do I avoid an overpayment from Office of Financial Recovery (OFR), but still give the money back?
  - a. When you adjust a Transaction Control Number (TCN or claim), you have two choices in how to process an overpayment: a non-offset or an offset adjustment.



**Non-offset** – This is the option that you can do yourself. The debt (overpayment) is automatically sent to OFR. OFR then contacts you, the provider, to address the debt. You receive the letter from OFR because there was an adjustment to your paid claim which resulted in an overpayment.

**Offset** – For this option, you have to contact the Health Care Authority (HCA). If you choose offset then ProviderOne will deduct the debt (overpayment) from all paid claims submitted until the debt is satisfied within a six month window. The deduction will be reflected in the summary on your Remittance Advice (RA). No letter is generated. After six months, if the debt is not satisfied, it will be sent to OFR for recovery.

**Please Note: The claim can only be reprocessed as offset when the claim does not need to be “altered”, then it can be reprocessed as offset. If the client, the dates, procedure code, the units or rate needs to be changed, the provider must adjust the claim themselves.** Examples of when offset is available: client responsibility was not correct, RAC changed, authorization changed by case manager.

If you want the debt to be deducted from paid claims as an offset, you can submit a message via [Contact Us web form](#) requesting that the adjustment be processed. Please provide the following information:

Provider Number  
TCN #  
P1 Client ID  
Adjust as Offset  
Description of what changes need to be made and why

For example:

**Provider Number:** 11XXXXX06

**TCN #:** 61xxxxxxxxxxxx000

**P1 Client ID:** 1XXXXXXXXWA

Adjust as Offset

**Description:** Client responsibility was not taken out of claim, although I received a letter stating that the client received client responsibility. Case manager verified client responsibility was correct in the system.



9. Who reprocessed or adjusted my claims?

- a. If an overpayment was created as non-offset, the letter sent by OFR will show the overpayment reason code. The P7 reason code will show on your overpayment notice if you the provider adjusted or voided a paid claim. If the overpayment was created as an offset and you did not adjust your claims, please submit a message via the [Contact Us web form](#).

10. When were my claims adjusted? When will it affect my payment? When is the overpayment going to get created?

- a. If the adjusted claims resulted in an overpayment they will be reflected in the adjustment section of your RA (page 2). The claims were adjusted during the week of that payment cycle. The method for determining the exact date can be found by looking up the client ID and month of service in your Claim Inquiry or Social Service Claim Inquiry list in ProviderOne. For more information, please look in the Provider One Billing Resource Guide. Click on [Current Guide](#) and search for section entitled Reading the TCN. Claims can be adjusted months after the original claim was paid.

Once the claim is finalized, it will show up in that payment cycle. If the overpayment is offset, it will be included in that payment cycle. If non-offset, once Office of Financial Recovery receives the overpayment, you should receive a letter within a month. Regardless of offset or non-offset, you will see information related to overpayments on the right side of the summary page of your Remittance Advice.

11. Why do I owe money when my claims were reprocessed or adjusted?

- a. At least one of the following things were true when your claims were reprocessed:
  - Units were decreased on the authorization or the claim. If they were reduced on the claim that will be reflected in the “Billed Units” column of your RA.
  - The rate decreased on your claim or the authorization. If the amount was reduced on the claim then that will be reflected in the “Billed Amount” column of your RA.
  - The client was no longer eligible to receive that service, this is most often reflected in a change to the authorized dates and you will see specific dates on your RA that deny because they are no longer authorized.
  - You were no longer an eligible provider.
  - Client responsibility was not accurately deducted when you submitted the now adjusted claim.
  - Your authorization was cancelled prior to the adjustment of the paid claim.
  - The start or end service dates were updated on your authorization.
  - You were double paid.





12. A change on my authorization created an overpayment for me. What do I do?

- a. Please contact the case manager associated with the authorization. The case manager will explain why the authorization changed to create the overpayment or will modify the authorization if needed. If the case manager modifies the authorization, the most recent TCN can be adjusted in order to receive the correct payment amount. It is important in this scenario the most recent claim, not the original claim, be adjusted (if paid) or resubmitted (if denied) rather than submit a new claim. If you submit a new claim then you may be paid a second time for previously paid dates and services and your only option to repay the debt from the original claim is through the Office of Financial Recovery (OFR). If an authorizing worker is unable to assist you please contact their local office and ask to speak to a Supervisor or Payment Specialist.



13. Why didn't my claims pay when they were reprocessed or adjusted?

- a. If a paid claim is adjusted, then a credit claim (negative amount) is created and a new paid or denied claim is created for the adjusted amount; only the difference between the new paid or denied claim and credit claim is paid or processed as an overpayment. Please see example below:

Inquire Social Service Claims List							
TCN	Authorization Number	Date of Service	Claim Status	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID
00000000000000000000	0000000000	01/22/2019	1: For more detailed information, see remittance advice.	\$924.16	\$924.16	HEATHER BAKER	0000000000
00000000000000000000	0000000000	01/22/2019	1: For more detailed information, see remittance advice.	-\$924.16	-\$924.16	HEATHER BAKER	0000000000
00000000000000000000	0000000000	01/22/2019	1: For more detailed information, see remittance advice.	\$693.12	\$693.12	HEATHER BAKER	0000000000

View Page: 1    Go    + Page Count    SaveToXLS    Viewing Page: 1    << First    < Prev    Next >    >> Last

- b. If a paid claim is voided, then a credit claim (negative amount) is created; the amount of the credit is processed as an overpayment. Please see example below:

Inquire Social Service Claims List							
TCN	Authorization Number	Date of Service	Claim Status	Claim Charged Amount	Claim Payment Amount	Client Name	Client ID
00000000000000000000	0000000000	01/22/2019	1: For more detailed information, see remittance advice.	\$924.16	\$924.16	HEATHER BAKER	0000000000
00000000000000000000	0000000000	01/22/2019	1: For more detailed information, see remittance advice.	-\$924.16	-\$924.16	HEATHER BAKER	0000000000

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14. The wrong amount of client responsibility was applied to the claim. What should I do?
- a. Look at your authorization list in ProviderOne and confirm the client responsibility amount for the specific month you are needing to verify. If the amount of CR on your authorization list is different from the amount applied to the claim then try to adjust the claims yourself. Refer to the answer listed in **How do I adjust my claims? How do I void my claims?** If adjusting the claim yourself does not fix the problem, contact HCA MACSC team via the [Contact Us web form](#). If you think the amount of CR on your authorization list is incorrect then contact the Case Manager.

15. Why did I receive an overpayment letter from the Office of Financial Recovery (OFR)? What does the reason code on my overpayment letter mean?

The reason code on your overpayment letter will provide some explanation as to why a claims adjustment resulted in an overpayment. The reason may apply to an entire claim or only specific dates and services. For specific details on the service lines that resulted in the overpayment refer to the adjustments category of your RA. Below are the most common reason codes with a description.

- **AA-Audit.** An audit identified this payment as not being valid. A state worker adjusted the claim to create the overpayment.
- **P1 - Goods or services not provided.** A state worker initiated the claim to be adjusted because the goods or services were not provided.
- **P2 - Goods or services authorized in error.** A state worker initiated the claim to be adjusted because the goods or services were authorized in error or something on the authorization changed after the original paid claim.
- **P3 - Provider not eligible to provide goods or services.** A state worker initiated the claim to be adjusted because the client was not eligible to receive the service.
- **P5 - Rate paid was incorrect.** A state worker initiated the claim to be adjusted because the rate paid was incorrect.
- **P6 - Multiple payments were made for the same goods or services.** A state worker initiated the claim to be adjusted because more than one payment was made for the same time period and service code.
- **P7- Provider Initiated.** Provider initiated overpayment. This means that the provider adjusted their claim which resulted in an overpayment. For example, the provider may have removed a line on the claim or decreased the number of units. This change is processed in the ProviderOne system which generates an overpayment sent to OFR.



16. I received a letter from Office of Financial Recovery, but I don't think I owe the overpayment. What can I do? What is the process for an administrative hearing? What happens?
  - a. On your overpayment letter, there are details regarding requesting an administrative hearing.
  - b. Once OFR receives the letter, then they send it to the Office of Administrative Hearings. The Office of Administrative Hearings will schedule a hearing and send you a notice of the hearing date. This will include instructions on how to appear. Some hearings are in person and some are over the phone. The hearing does not require attorney representation. After hearing the case, an administrative law judge will make a decision regarding the overpayment.
  
17. I received a letter from Office of Financial Recovery (OFR), can I request payment arrangements? How do I pay back the funds?
  - a. OFR will be able to discuss payment arrangements with you. Please call 360-664-5700 option 3, 1-800-562-6114, or TTY WA 1-800-833-6388.
  
18. I received a letter from Office of Financial Recovery, where should I send money?
  - a. The address is listed on your overpayment letter. The funds should be mailed to PO Box 9501, Olympia, WA 98507-9501.
  
19. Can I get a new copy of the overpayment letter from Office of Financial Recovery (OFR)?
  - a. Please call OFR at 360-664-5700, 1-800-562-6114, or TTY WA 1-800-833-6388.
  
20. I received a letter from Office of Financial Recovery (OFR), how much do I still owe from my overpayment?
  - a. A monthly statement sent from OFR will display your current balance. If you believe that you have sent in funds, but it is not reflected on your statement, it may be due to payment processing time. If you do not see it on the next statement or are not receiving a monthly statement, please contact OFR.
  
21. I received a letter from Office of Financial Recovery (OFR), what happens if I don't pay my overpayment?
  - a. Once you receive the letter, payment is due 20 days after the receipt of the notice. If the overpayment is not paid, then involuntary collection may be taken against you. OFR has the ability to collect an overpayment debt by: reducing your future P1 payments; liens; foreclosures; distraint or seizure and sales against your personal property; order to withhold and deliver, or any other collection action available to OFR to satisfy the overpayment debt (RCW 43.20B.675). OFR can also charge you interest and any costs associated with the collection of an overpayment (RCW 43.20B.695)



- 22. My overpayment was set up to go against my future claims, why am I still getting a statement?
  - a. Office of Financial Recovery sends monthly statements so that you can see account payments and the balance. These are for your records so you may see when the debt is fulfilled.
  
- 23. What does CARS mean?
  - a. CARS stands for Collections and Accounts Receivable System. It is the system Office of Financial Recovery uses to manage providers' debt.
  
- 24. How can I better understand my overpayment?
  - a. In the screen shots that follow you can see an example of what your Claim Inquiry screen might look like when a claim has been adjusted. You can also see an example of what the original RA/Payment looked like and then what it looked like after the paid claim was adjusted.

This is an example of what the Claim inquiry List looks like (example from the Social Service Medical profile, the Social Service only profile looks different). The first row (circled in green) is the original paid claim while the 2<sup>nd</sup> and third lines (circled in orange) are the lines that resulted from the adjustment.

Inquire Social Service Claims List							
TCN ▲▼	Authorization Number ▲▼	Date of Service ▲▼	Claim Status ▲▼	Claim Charged Amount ▲▼	Claim Payment Amount ▲▼	Client Name ▲▼	Client ID ▲▼
00100000000000000000	1000000000	01/22/2019	1: For more detailed information, see remittance advice.	\$924.16	\$924.16	HEATHER BAKER	0000000000
00100000000000000000	1000000000	01/22/2019	1: For more detailed information, see remittance advice.	-\$924.16	-\$924.16	HEATHER BAKER	0000000000
00100000000000000000	1000000000	01/22/2019	1: For more detailed information, see remittance advice.	\$693.12	\$693.12	HEATHER BAKER	0000000000

View Page:     Viewing Page: 1



This is an example of what the RA looked like for the original paid claim, notice how the claim details are listed in the **Paid** category of the RA.

RA Number: [REDACTED] Category: <b>Paid</b>		Warrant/EFT #: [REDACTED] Billing Provider: [REDACTED]		Warrant/EFT Date: 01/31/2019		Prepared Date: 02/01/2019		RA Date: 02/01/2019		Page 3				
Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
[REDACTED]	[REDACTED]	1	859	01/23/2019- 01/23/2019	T1019	32.0000	\$231.04	\$231.04	\$0.00	\$0.00	\$0.00	\$231.04		
[REDACTED]	[REDACTED]	2	859	01/24/2019- 01/24/2019	T1019	32.0000	\$231.04	\$231.04	\$0.00	\$0.00	\$0.00	\$231.04		
[REDACTED]	[REDACTED]	3	859	01/22/2019- 01/22/2019	T1019	32.0000	\$231.04	\$231.04	\$0.00	\$0.00	\$0.00	\$231.04		
[REDACTED]	[REDACTED]	4	859	01/28/2019- 01/28/2019	T1019	32.0000	\$231.04	\$231.04	\$0.00	\$0.00	\$0.00	\$231.04		
<b>Document Total:</b>		01/22/2019-01/28/2019		128.0000	\$924.16	\$924.16	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$924.16</b>			

This is an example of what page 2 of the RA looks like when a claim has been adjusted and there is an overpayment.

RA Number: [REDACTED] Warrant/EFT #: [REDACTED] Warrant/EFT Amount: \$0.00										Warrant/EFT Date: 01/02/2020 Payment Method: EFT					Prepared Date: 01/02/2020 RA Date: 01/02/2020	
Claims Summary								Provider Adjustments								
Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total TPL Amount	Total Sales Tax	Total Client Resp Amount	Total Paid	Billing Provider	FIN Invoice Number/ Parent TCN	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount		
[REDACTED]	Adjustments	-\$231.04	-\$231.04	\$0.00	\$0.00	\$0.00	-\$231.04	[REDACTED]	[REDACTED]	System Initiated	NOC Invoice	\$0.00	\$0.00	\$231.04		
[REDACTED]								[REDACTED]	[REDACTED]	System Initiated	NOC Referred to CARS	\$231.04	\$231.04	\$0.00		
<b>Total Adjustment Amount</b>												\$231.04				



This is an example of what the claims look like that resulted from the adjustment of the paid claim, note that the details are in the **Adjustments** category of your RA.

RA Number: 500000000		Warrant/EFT #: 000000000		Warrant/EFT Date: 01/02/2020		Prepared Date: 01/02/2020		RA Date: 01/02/2020		Page 5				
Category: Adjustments		Billing Provider: 000000000												
Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
		1	859	01/23/2019- 01/23/2019	T1019	32.0000	-\$231.04	-\$231.04	\$0.00	\$0.00	\$0.00	-\$231.04		129 = \$0.00
		2	859	01/24/2019- 01/24/2019	T1019	32.0000	-\$231.04	-\$231.04	\$0.00	\$0.00	\$0.00	-\$231.04		129 = \$0.00
		3	859	01/22/2019- 01/22/2019	T1019	32.0000	-\$231.04	-\$231.04	\$0.00	\$0.00	\$0.00	-\$231.04		129 = \$0.00
		4	859	01/28/2019- 01/28/2019	T1019	32.0000	-\$231.04	-\$231.04	\$0.00	\$0.00	\$0.00	-\$231.04		129 = \$0.00
<b>Document Total:</b>		01/22/2019-01/28/2019		128.0000	-\$924.16	-\$924.16	\$0.00	\$0.00	\$0.00	\$0.00	-\$924.16			
		1	859	01/23/2019- 01/23/2019	T1019	32.0000	\$231.04	\$231.04	\$0.00	\$0.00	\$0.00	\$231.04		
		2	859	01/22/2019- 01/22/2019	T1019	32.0000	\$231.04	\$231.04	\$0.00	\$0.00	\$0.00	\$231.04		
		3	859	01/28/2019- 01/28/2019	T1019	32.0000	\$231.04	\$231.04	\$0.00	\$0.00	\$0.00	\$231.04		
<b>Document Total:</b>		01/22/2019-01/28/2019		96.0000	\$693.12	\$693.12	\$0.00	\$0.00	\$0.00	\$0.00	\$693.12			