

☐ MAIL

RECEIPT OF PAYMENT

NO.

PAYMENT TYPE: ☐ CASH ☐ CHECK ☐ MONEY ORDER ☐ FOOD COUPONS ☐ RETURN - UNENDORSED DEPARTMENTAL CHECK

CLAIM NAME (Last, First, MI)	SOCIAL SECURITY NUMBER	CO	RECORD NUMBER	CAT	GG	DIST
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ADDRESS - STREET NO., PO BOX, CITY, STATE	ZIP CODE PLUS 4
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NAME OF PERSON MAKING PAYMENT - IF DIFFERENT THAN ABOVE (Last, First, MI)	BUDGET NAME - IF DIFFERENT THAN ABOVE (Last, First, MI)
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ADDRESS - STREET NO., PO BOX, CITY, STATE	ZIP CODE PLUS 4
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TOTAL PAYMENT AMOUNT		DOLLARS	CENTS	UNENDORSED DEPARTMENTAL CHECK DATA			CHECK NUMBER	CHECK DATE
		\$						/ /
RESTITUTION	\$			<input type="checkbox"/> CASH ASSISTANCE OVERPAYMENT	<input type="checkbox"/> FOOD STAMP OVERPAYMENT	<input type="checkbox"/> F.S. E&T SP. ALLOW.	<input type="checkbox"/> MEDICAL ASSISTANCE OVERPAYMENT	DATE OF PA 189 / /
REIMBURSEMENT	\$			<input type="checkbox"/> CASH ASSISTANCE <input type="checkbox"/> MEDICAL ASSISTANCE	REIMBURSEMENT/SUPPORT CODE (see Reverse of Page 3)			DATE OF FIRM 173S OR TELEPHONE CALL / /
CHILD SUPPORT	\$			<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> COURT ORDER	DEFENDANT NAME (Last, First, MI)		SUPPORT PAYOR NO.	DATE OF PA/CS 4D / /

SIGNATURE - CLIENT/CLIENT REPRESENTATIVE	DATE	SIGNATURE - CAO WITNESS	DATE
SIGNATURE - CAO REPRESENTATIVE		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 adjustments, will be determined by the Commonwealth.

COMMENTS

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SIGNATURE - CLIENT/CLIENT REPRESENTATIVE	DATE	SIGNATURE - CAO WITNESS	DATE
SIGNATURE - CAO REPRESENTATIVE	DATE	SIGNATURE - DPW-BFO/OW FIRM CASHIER	DATE
COMMENTS			

PA/CS 175M (1/96)

2A - CAO CASE RECORD

CLAIM NAME (Last, First, MI)	COUNTY PROCESSING PAYMENT	CO	RECORD NUMBER	CAT	GG	DIST
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TOTAL PAYMENT AMOUNT	DOLLARS	CENTS	PAYMENT TYPE	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> FOOD COUPONS
	\$						

NO.

SIGNATURE - CAO REPRESENTATIVE

DATE

PA/CS 175M (1/96)

2B - CAO CONTROL FILE

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SIGNATURE - CLIENT/CLIENT REPRESENTATIVE _____ DATE _____	SIGNATURE - CAO WITNESS _____ DATE _____
SIGNATURE - CAO REPRESENTATIVE _____ DATE _____	SIGNATURE - DPW-BFO/OW FIRM CASHIER _____ DATE _____
COMMENTS	

PA/CS 175M (1/96)

3A - DPW-BFO/OW FIRM CASHIER

CLAIM NAME (Last, First, MI)	COUNTY PROCESSING PAYMENT	CO	RECORD NUMBER	CAT	GG	DIST
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TOTAL PAYMENT AMOUNT	DOLLARS	CENTS	PAYMENT TYPE	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> FOOD COUPONS
	\$						

NO. 	SIGNATURE - CAO REPRESENTATIVE _____ DATE _____
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PA/CS 175M (1/96)

3B - CAO TURN AROUND

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