

FEE AGENT BILLING REPORT
 Department of Health and Social Services
 Division of Public Assistance



District Number:		
Office/Region:		
Report Month		

Payee or Fee Agent's Name	Payee's PVN	Address	GEN 50C		GEN 72, Gen 132, Gen 75, Gen 152, Gen 60		Pend Letter		TOTAL AMOUNT DUE
				x\$25=		x\$15=		x\$5=	
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Submitted for payment by (Print Name) _____ Office Phone _____
 Signature _____ Date _____

Gen 50C	Gen 72	Gen 132 or Gen 75	Gen 60	Pend Letter
APA ATAP	APA Review	Denali KidCare	GR Burial	Medicaid
CAMA FS	FS Recert	Pregnant Woman		
GRA MEDICAID	GRA Review			
	Medicaid Review			