



A summary report and invoice will be sent to the requesting provider no later than the 10th of the month following the month in which the initial request was processed. The amount owed to Unisys (for either paper or diskette version) will be based on the number of printed claim lines over a given 2-year period. Requests that span more than 2 years will be considered multiple requests and will be billed separately based on the following schedule:

**PAPER**

Up to 1,000 claim lines	\$150.00
1,001 to 25,000 claim lines	325.00
25,001 to 50,000 claim lines	375.00
50,001 to 75,000 claim lines	400.00
75,001 to 100,000 claim lines	450.00
100,001 to 125,000 claim lines	475.00
125,001 to 150,000 claim lines	525.00
Over 150,000 claim lines	550.00

**DISKETTE**

Up to 500 claim lines	\$150.00
501 to 1,000 claim lines	300.00
1,001 to 25,000 claim lines	600.00
25,001 to 50,000 claim lines	650.00
50,001 to 100,000 claim lines	750.00
100,001 to 150,000 claim lines	850.00
150,001 to 200,000 claim lines	1,000.00
Over 200,000 claim lines	1,250.00

Upon receipt of payment, the detailed Judge Run report will be sent immediately to the requesting provider.

For further information concerning this Medicaid Alert, contact any Unisys Provider Services representative at 1-800-776-6334.

RETAIN THIS MEDICAID ALERT BEHIND THE ALERT TAB  
(GREEN TAB MARKED "4")

