

**DIVISION OF MEDICAL SERVICES  
NOTICE INQUIRY SCREEN**

**CASE ID:** M199999999    **NAME:** DOE                    JANE            L    **LAST COVERAGE DT:** 02-28-2003  
**CASE STATUS:** ACTIVE                    **CURRENT PROGRAM:** SPDN    **OPER ID:** FMSMM000  
**NEXT NOTICE TYPE:** RECURRING INVOICE    **NEXT NOTICE DATE:** 03-03-2003

PGM	INVOICE TYPE/NUM	INVOICE DATE	INV STATUS	PREMIUM AMOUNT	NOTICE TYPE	NOTICE DT	ID
MW	R 706671	03-01-2003	OPEN	0048			MW720
					RECURRING INVOICE	02-03-2003	
MW	R 704118	02-01-2003	PAID	0048			MW720
					RECURRING INVOICE	01-02-2003	
MW	I 603773	01-01-2003	PAID	0048			MW700
					INITIAL INVOICE	12-19-2002	
MW	I 603772	12-01-2002	PAID	0048			MW700
					INITIAL INVOICE	10-15-2002	
SP	R 510588	10-01-2002	BILLS	00606			SP720

**PF: 2 MSPI            PF: 3 MSPR**

**MESSAGE: MORE INFO AVAILABLE**