

**Liability Payments Detail**  
**Date Range ( 05/01/2018 - 05/31/2018 )**

Claim Number	Service Dates	Invoice	Payee	Payment Type	Amount
AL180003	04/02/2018 -		RACOM CORPORATION	Indemnity	855.00
<b>Check No: 11530</b>	<b>Date: 05/01/2018</b>	<b>Payee:</b>	RACOM CORPORATION		855.00
AL180007	04/27/2018 -		ADVANCED GLASS	Indemnity	75.00
<b>Check No: 11531</b>	<b>Date: 05/03/2018</b>	<b>Payee:</b>	ADVANCED GLASS		75.00

**Total Checks:** 930.00