

Invoice

11/6/2015

Invoice #: 1226

Terms: Net 30

Rate Quantity Description Amount October 2015 111,091.65 1 111,091.65 Gross Revenue: \$ 196,133.73 Pharmacies Retain: \$ 30,391.61 Allocated to Wholesaler: \$ 54,650.47 Covered Entity Benefit \$ 111091.65 MHI Fee (Walmart) 400.00 -1 -400.00 110,691.65 CE net benefit total -99,622.49 -90.00% Calculate ACI Fee **Total Invoice** \$11,069.16

Comanche County Memorial Hospital