

Pratt Regional Medical Center 200 Commodore Pratt, KS 67124-2903

Invoice

7/6/2016

Invoice #: 1453

Terms: Net 30

Description	Rate	Quantity	Amount
May 2016 ACI fee billing - please see attached Excel sheet for details.	Rate 10,285.79	Quantity	10,285.79
		Total Invoid	Ce \$10,285.79