

## Invoice

2/1/2017

Invoice #: 1635

Terms: Net 30

Comanche County Memorial Hospital

Description	Rate	Quantity	Amount
Description January 2017: Anderson Pharmacy, CVS, Elgin Discount, Great Plains, Walmart, and Walgreens (see attached spreadsheet for details) Total Covered Entity Benefit Calculate ACI % Fee	Rate 93,679.49 -97.50%	Quantity	Amount 93,679.49 93,679.49 -91,337.50
		Total Invoi	<b>Ce</b> \$2,341.99