

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

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## Invoice

2/6/2017

Invoice #: 1650

Terms: Net 30

Description	Rate	Quantity	Amount
Description December 2016 ACI fee billing - please see attached Excel sheet for details.	Rate 9,516.55	Quantity	Amount 9,516.55
		Total Invoid	<b>Ce</b> \$9,516.55