

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

ſ

## Invoice

3/6/2017

Invoice #: 1670

Terms: Net 30

Description	Rate	Quantity	Amount
Description January 2017 ACI fee billing - please see attached Excel sheet for details.	Rate 11,231.48	Quantity	Amount 11,231.48
		<b>Total Invoice</b> \$11,231.48	