

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

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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
		Total Invoice \$11,231.48	