

208-258-8139

Invoice

4/5/2017

Invoice #:

Total Invoice

\$10,239.97

1700

Pratt Regional Medical Center 200 Commodore Pratt, KS 67124-2903 Terms: Net 30

Description	Rate	Quantity	Amount
February 2017 ACI fee billing - please see attached Excel sheet for details.	10,239.97		10,239.97