

## Invoice

5/9/2017

1730

Due on receipt

604 W. Franklin Street Boise, ID 83702 208-258-8139

Invoice #:

Terms:

**Total Invoice** 

\$1,761.17

Pike County Hospital Ann Tran 2305 Georgia St, Louisiana, MO 63353

Description	Rate	Quantity	Amount
February Billing Totals: Gross Receipts: \$ 51,753.76 Dispensing Fee: \$ 1,524.57 RxSafetynet: \$ 0.00 Wholesaler Costs: \$9,850.81 MHI Fee: \$5,154.91	35,223.47		35,223.47
Net CE Benefit: \$35,223.47 Total covered entity benefit Calculate ACI % Fee	-95.00%		35,223.47 -33,462.30