

2086151994

Invoice

9/7/2017

Invoice #:

1841

Terms:

Net 30

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

Description	Rate	Quantity	Amount
July 2017 ACI fee billing - please see attached Excel sheet for details.	12,161.04		12,161.04

Total Invoice

\$12,161.04