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Comanche County Memorial Hospital Alicia Parrish

Invoice

5/10/2018

Invoice #: 2067

Terms: Net 30

Description	Rate	Quantity	Amount
March 2018 Gross Revenue: \$232,850.59 Pharmacy Retains: \$9,550.00 RXS Fee: \$1,623.50 Allocated to Wholesaler:\$57,862.16 Covered Entity Benefit: \$163,814.93 Calculate ACI % Fee	-97.50%	Quantity	-159,719.56
		Total Invoid	Ce \$4,095.37