

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1327186
Vendor Name: Physicians Immediate Care - Chicago
Invoice Number: 4226247
Invoice Date: 5/4/2022
PO Number: B0000408
Check Number: 0300054
Check Amount: \$ 50.00
Check Date: 06/21/2022
Voucher Number: V0742189
Document Type: AP Invoice

Document Below



Physicians Immediate Care - Chicago
Billing Department
PO BOX 8799
CAROL STREAM, IL 60197-8799
Phone: 855-631-4563
Tax ID: 470902244

Customer Copy

Statement Date	5/4/2022
Statement Number	4262243
Account Number	4138
Page Number	1

COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60131

PO# B0000408

APPROVED

By Michelle Olson at 10:24 am, May 19, 2022

Indicate Amount Paid	\$ 50.00
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Date/Clinic	Description	Charge	Paid/Adj	Balance
10/20/2021 - BOLINGBRK * Original Stmt - 4231096		90.00	-130.00	-40.00
1/6/2022 - ORLANDPARK * Original Stmt - 4245729		50.00 65.00	0.00 0.00	50.00 65.00
1/25/2022 - BOLINGBRK * Original Stmt - 4245729		50.00	0.00	50.00
2/23/2022 - BOLINGBRK * Original Stmt - 4245729		90.00 65.00	0.00 0.00	90.00 65.00
2/27/2022 - AURORA * Original Stmt - 4245729		50.00 65.00	0.00 0.00	50.00 65.00
3/8/2022 - GLENDALE * Original Stmt - 4257736		50.00 65.00	0.00 0.00	50.00 65.00
3/18/2022 - GLENDALE * Original Stmt - 4257736		50.00 65.00	0.00 0.00	50.00 65.00
3/23/2022 - BERWYN * Original Stmt - 4257736		50.00 65.00	0.00 0.00	50.00 65.00
3/24/2022 - GLENDALE * Original Stmt - 4257736		50.00 65.00	0.00 0.00	50.00 65.00
4/25/2022 - BOLINGBRK * Original Stmt - 4262243		94.00	-44.00	50.00

* Visits printed prior to

PLEASE PAY THIS AMOUNT ==> 905.00
the Original Stmt#.



Physicians Immediate Care - Chicago
Billing Department
PO BOX 8799
CAROL STREAM, IL 60197-8799
Phone: 855-631-4563
Tax ID: 470902244

Please return with remittance

Statement Date	5/4/2022
Statement Number	4262243
Account Number	4138
Page Number	1

COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137, USA

PO# B0000408

Indicate Amount Paid \$	
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Date/Clinic	on	Charge	Paid/Adj	Balance
10/20/2021 - BOLINGBRK * Original Stmt - 4231096		90.00	-130.00	-40.00
1/6/2022 - ORLANDPARK * Original Stmt - 4245729		50.00 65.00	0.00 0.00	50.00 65.00
1/25/2022 - BOLINGBRK * Original Stmt - 4245729		50.00	0.00	50.00
2/23/2022 - BOLINGBRK * Original Stmt - 4245729		90.00 65.00	0.00 0.00	90.00 65.00
2/27/2022 - AURORA * Original Stmt - 4245729		50.00 65.00	0.00 0.00	50.00 65.00
3/8/2022 - GLENDALE * Original Stmt - 4257736		50.00 65.00	0.00 0.00	50.00 65.00
3/18/2022 - GLENDALE * Original Stmt - 4257736		50.00 65.00	0.00 0.00	50.00 65.00
3/23/2022 - BERWYN * Original Stmt - 4257736		50.00 65.00	0.00 0.00	50.00 65.00
3/24/2022 - GLENDALE * Original Stmt - 4257736		50.00 65.00	0.00 0.00	50.00 65.00
4/25/2022 - BOLINGBRK * Original Stmt - 4262243		94.00	-44.00	50.00

PLEASE PAY THIS AMOUNT ==> 905.00

* Visits printed prior to us e Original Stmt#.

"Barrios, Isabel" <barriosi142@cod.edu>

05.04.22 EPS Statement PICCH-Account Number _4138 approved.pdf

"Barrios, Isabel" <barriosi142@cod.edu>

Fri, May 20, 2022 at 04:59 PM GMT

CC:

BCC:

1 attachment

05.04.22 EPS Statement PICCH-Account Number _4138 approved.pdf