

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1327186
Vendor Name: Physicians Immediate Care - Chicago
Invoice Number: 4321763
Invoice Date: 5/2/2023
PO Number: B0000993
Check Number: 0312511
Check Amount: \$ 286.00
Check Date: 06/06/2023
Voucher Number: V0785737
Document Type: AP Invoice

Document Below

Employer Paid Services Account Summary

Physicians Immediate Care - Chicago
Billing Department
PO Box 8799
Carol Stream, IL 60197-8799
855-631-4563
Tax ID: 470902244

OK to PAY for Invoice Statement #4321763
\$286.00 ONLY (Other charges have been billed/paid
previously.)

Date Range: 5/2/2023 - 5/2/2023

PO #B0000993

COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137, USA
630-942-2993

Account Number: 4138
Page Number: 1

| Stmt # | Stmt Date | DOS/Clinic | SSN | Inv # | Pt Name | Description | Charge | Pymts/ Adj | Balance Due |
|---------|-----------|------------------------|-------------|-------------|---------------------|--------------------------|--------|---------------|----------------|
| 4304752 | 2/3/2023 | 1/13/2023 CATONFARM | ***-**-2372 | 512654 9 | SCANNELL, JOHN | PHYSICAL ABILITY TEST | 50.00 | 0.00 | 50.00 |
| | | | | | | PRE EMP EXAM | 68.00 | 0.00 | 68.00 |
| 4304752 | 2/3/2023 | 1/18/2023 AURORA | ***-**-0000 | 513038 0 | RISCH, LUKE | PHYSICAL ABILITY TEST | 50.00 | 0.00 | 50.00 |
| | | | | | | PRE EMP EXAM | 68.00 | 0.00 | 68.00 |
| 4304752 | 2/3/2023 | 1/26/2023 ADDISON | ***-**-1026 | 514376 5 | GARCIA, JONATHAN | PHYSICAL ABILITY TEST | 50.00 | 0.00 | 50.00 |
| | | | | | | PRE EMP EXAM | 68.00 | 0.00 | 68.00 |
| 4310280 | 3/3/2023 | 2/4/2023 ADDISON | ***-**-0000 | 515688 4 | GREENWOOD, TYLER | PHYSICAL ABILITY TEST | 50.00 | 0.00 | 50.00 |
| | | | | | | PRE EMP EXAM | 68.00 | 0.00 | 68.00 |
| 4310280 | 3/3/2023 | 2/8/2023 GLENDALE | ***-**-0000 | 516340 5 | ELROD, SAMANTHA | PHYSICAL ABILITY TEST | 50.00 | 0.00 | 50.00 |
| 4310280 | 3/3/2023 | 2/20/2023 GLENDALE | ***-**-7577 | 518146 9 | GLEESON, LINDSEY | PHYSICAL ABILITY TEST | 50.00 | 0.00 | 50.00 |
| | | | | | | PRE EMP EXAM | 68.00 | 0.00 | 68.00 |

CONTINUED...

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|---------|-----------|-------------------------|-------------|-------------|------------------------|--------------------------|--------|---------------|----------------|
| 4315814 | 4/4/2023 | 3/1/2023 GLENDALE | ***-**-6357 | 519825 1 | LOMELI, SEBASTIAN | PHYSICAL ABILITY TEST | 50.00 | 0.00 | 50.00 |
| | | | | | | PRE EMP EXAM | 68.00 | 0.00 | 68.00 |
| 4315814 | 4/4/2023 | 3/20/2023 BOLINGBRK | ***-**-3574 | 522637 7 | STUCKEY, JEFFREY | PHYSICAL ABILITY TEST | 50.00 | 0.00 | 50.00 |
| | | | | | | PRE EMP EXAM | 68.00 | 0.00 | 68.00 |
| 4315814 | 4/4/2023 | 3/23/2023 AURORA | ***-**-0000 | 523313 8 | CALDERONE, JONATHAN | PHYSICAL ABILITY TEST | 50.00 | 0.00 | 50.00 |
| | | | | | | PRE EMP EXAM | 68.00 | 0.00 | 68.00 |
| 4321763 | 5/2/2023 | 4/7/2023 PLAINFIELD | ***-**-0000 | 525560 3 | ROBERTS, JACOB | PHYSICAL ABILITY TEST | 50.00 | 0.00 | 50.00 |
| | | | | | | PRE EMP EXAM | 68.00 | 0.00 | 68.00 |
| 4321763 | 5/2/2023 | 4/10/2023 SIXCORNERS | ***-**-3144 | 525885 2 | RUDAUSKAS, KYLE | PHYSICAL ABILITY TEST | 50.00 | 0.00 | 50.00 |
| | | | | | | PRE EMP EXAM | 68.00 | 0.00 | 68.00 |
| 4321763 | 5/2/2023 | 4/11/2023 GLENDALE | ***-**-0000 | 527637 8 | ANDRADE, SARA | PHYSICAL ABILITY TEST | 50.00 | 0.00 | 50.00 |

PLEASE PAY THIS AMOUNT ==> 1280.00

Amount to pay: \$286.00

HR - Physicians Immediate Invoice - May Account Statement

"Collsen, Dana" <collsend@cod.edu>

Fri, May 5, 2023 at 04:30 PM UTC

CC: Barrios, Isabel <barriosi142@cod.edu>, Collsen, Dana <collsend@cod.edu>

BCC:

Invoicing,

Please pay approved for Human Resources – Physicians Immediate Invoice **#4321763** charges on 5/2/23 with **B0000993**, or forward to Michelle Olson for final HR approval through Chrome River.

ISABEL: We have highlighted the current charges to pay, and the total (\$286.00)that should be the ONLY amount paid at this time, as other charges are assumed already paid/approved charges from previous months' billings. **This account statement was sent instead of the monthly Invoice, as they are currently experiencing a glitch in their billing systems.**

NOTE: Some charges on this statement are from previous billings that were already approved, and should have already been paid from those previously approved invoices. **Please recheck that all previous HR Physicians Immediate Invoices have been paid.**

Thanks,

Dana Collsen

Human Resources/Administrative Assistant

College of DuPage

425 Fawell Blvd.

Human Resources: SRC 2134

Glen Ellyn, IL 60137

collsend@cod.edu

Phone: 630-942-2460

FAX: 630-942-4027

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1 attachment

[_05.02.2023 PICCH EPS Statement-Account Number_ 4138.pdf](#)