

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1327186
Vendor Name: Physicians Immediate Care - Chicago
Invoice Number: 4429494
Invoice Date: 12/11/2024
PO Number: B0002406
Check Number: 0333685
Check Amount: \$ 3,030.00
Check Date: 01/14/2025
Voucher Number: V0865093
Document Type: AP Invoice


Document Below

physicians
immediate care

Now part of
 **wellnow.**
Urgent Care

P.O. Box 10157 | Albany NY 12201-5157

INVOICE DUE STATEMENT

 Have questions about your bill?
Hours: 8:00-4:30 (EST) Mon-Fri
Email us at: picemployersupport@wellnow.com

Addressee


COLLEGE OF DUPAGE TRUCK SCHOOL
301 S SWIFT RD STE 6
ADDISON IL 60101-1492

0010 001782

Online Bill Pay


Make a fast, secure one-time
payment today.



Pay Online: www.personapay.com/wellnowoccmcd

Account Number	Due Date	Amount Due	Amount Paid
15236	Upon Receipt	\$3,030.00	\$

Please make checks payable and remit to:


Physicians Immediate Care
P.O. Box 1986
Albany NY 12201

Please detach and return top portion with payment.

Account Number	Employer Name	Invoice Date	Due Date
15236	COLLEGE OF DUPAGE TRUCK SCHOOL	12/11/2024	Upon Receipt

Date	Service Description	Status	Charges	Payments/ Adjustments	Patient Balance
					\$0.00
					\$75.00
					\$0.00
					\$105.00
					\$0.00
					\$75.00
					\$0.00
					\$105.00
					\$0.00
					\$75.00
					\$0.00
					\$105.00
					\$0.00
					\$75.00
					\$0.00
					\$105.00

\$3,030.00

VO14859155 - 001782 - 001/002

"Vegetabile, Jim" <vegetabilej@cod.edu>

Physicians Immediate Care Inv

"Vegetabile, Jim" <vegetabilej@cod.edu>

Thu, Jan 2, 2025 at 05:51 PM UTC

CC: Hasse, Debra <hassed@cod.edu>

BCC:

Good Afternoon,

Could you please process the attached invoice, thanks.

Jim Vegetabile

CDL Program Manager

College Of DuPage Truck Driving School

301 S. Swift Road, Door #6, Addison, IL 60101

630-942-2275 | vegetabilej@cod.edu | Fax – 630-953-9105

1 attachment

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