

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1555600
Vendor Name: Alexian Brothers Ambulatory Gr
Invoice Number: 718541
Invoice Date: 03/31/21
PO Number: B0370309
Check Number: E0084976
Check Amount: \$ 430.00
Check Date: 06/08/2021
Department ID: 00797
Reviewer Name: Barbara Parker
Voucher Number: V0684111
Redaction Type: Other
Document Type: AP Invoice

Document Below

From: Zerrudo, Maria <zerrudom@cod.edu>
Sent: Thu Jun 03 09:11:49 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Attached Document

[attachment: Default.PDF]

From: Cassy Kujawa <CKujawa@R1RCM.COM>
Sent: Wed Jun 02 12:42:29 CDT 2021
To: invoicing@cod.edu
CC:
Subject: [External] college of dupage

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Cassy Kujawa
CBO Collector
Amita / R1 RCM Inc. | Ckujawa@r1rcm.com | www.R1RCM.com
1000 Remington Blvd Suite 110
Bolingbrook, IL 60440
224.273.8690 office
847.506.6671 fax

The information transmitted in this message (including any attachments) is intended only for the person or persons to whom it is addressed, and may contain material that is confidential and/or privileged. Any review, re-transmission, dissemination or other use of the information contained herein by persons or entities other than the intended recipient is prohibited. If you have received this message in error, please notify the sender immediately and delete this message.

[attachment: college of dupage 719540.pdf]
[attachment: college of dupage 718541.pdf]

Alexian Brothers Medical Group
25466 Network Place
Chicago, IL 60673-1254

APPROVED 06/06/21 BY

Invoice
MARITZA BUANO
March 31, 2021

Bill to: Michelle Olson Rzeminski
College of DuPage-Acct Payable Office
425 Fawell Blvd SRC 2130
Order# 370309
Glen Ellyn, IL 60137-

For: College of DuPage
addison screenings 3/21

Invoice # 718541

| Proc Code | Date | Description | Qty | Charge | Receipt | Adjust | Balance |
|-------------------------------|------------|-----------------------------------|------|--------|---------|--------------|---------|
| 99201 | 03/05/2021 | Physical Exam Occupational Health | 1.00 | 50.00 | | | 50.00 |
| 99450 | 03/05/2021 | Back Evaluation/Lift Test | 1.00 | 45.00 | | | 45.00 |
| | | | | | | Balance Due: | 95.00 |
| 80305 | 03/31/2021 | 4 Panel Lab Based Drug Screen | 1.00 | 48.00 | | | 48.00 |
| | | | | | | Balance Due: | 48.00 |
| 80305 | 03/27/2021 | 4 Panel Lab Based Drug Screen | 1.00 | 48.00 | | | 48.00 |
| | | | | | | Balance Due: | 48.00 |
| 80305 | 03/05/2021 | 4 Panel Lab Based Drug Screen | 1.00 | 48.00 | | | 48.00 |
| | | | | | | Balance Due: | 48.00 |
| Invoice # 718541 Balance Due: | | | | | | | 239.00 |

THIS IS A REPRINTED INVOICE. NO PAYMENT HAS BEEN RECEIVED.
PAYMENT IS DUE WITHIN 30 DAYS.



Cut and return with payment

Please place invoice number **718541** on check

Please remit **239.00** to

Alexian Brothers Corporate Health Services
25466 Network Place
Chicago, IL 60673-1254
Phone: 224-273-2820

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1555600
Vendor Name: Alexian Brothers Ambulatory Gr
Invoice Number: 719540
Invoice Date: 04/30/21
PO Number: B0370309
Check Number: E0084976
Check Amount: \$ 430.00
Check Date: 06/08/2021
Department ID: 00797
Reviewer Name: Barbara Parker
Voucher Number: V0684112
Redaction Type: Other
Document Type: AP Invoice

Document Below

From: Cassy Kujawa <CKujawa@R1RCM.COM>
Sent: Wed Jun 02 12:42:29 CDT 2021
To: invoicing@cod.edu
CC:
Subject: [External] college of dupage

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[attachment: college of dupage 719540.pdf]
[attachment: college of dupage 718541.pdf]

Alexian Brothers Medical Group
25466 Network Place
Chicago, IL 60673-1254

Invoice

April 30, 2021

Bill to: Michelle Olson Rzesutka
College of DuPage-Acct Payable Office
425 Fawell Blvd SRC 2130
Order# 370309
Glen Ellyn, IL 60137-

APPROVED 06/06/21 BY
MARITZA RUANO

College of DuPage
addison screenings 4/21

Invoice # 719540

| <u>Proc Code</u> | <u>Date</u> | <u>Description</u> | <u>Qty</u> | <u>Charge</u> | <u>Receipt</u> | <u>Adjust</u> | <u>Balance</u> |
|-------------------------------|-------------|-----------------------------------|------------|---------------|----------------|---------------|----------------|
| 80305 | 04/10/2021 | 4 Panel Lab Based Drug Screen | 1.00 | 48.00 | | | 48.00 |
| | | | | | Balance Due: | | 48.00 |
| 80305 | 04/19/2021 | 4 Panel Lab Based Drug Screen | 1.00 | 48.00 | | | 48.00 |
| 99201 | 04/19/2021 | Physical Exam Occupational Health | 1.00 | 50.00 | | | 50.00 |
| 99450 | 04/19/2021 | Back Evaluation/Lift Test | 1.00 | 45.00 | | | 45.00 |
| | | | | | Balance Due: | | 143.00 |
| Invoice # 719540 Balance Due: | | | | | | | 191.00 |

THIS IS A REPRINTED INVOICE. NO PAYMENT HAS BEEN RECEIVED.
PAYMENT IS DUE WITHIN 30 DAYS.



Cut and return with payment

Please place invoice number **719540** on check

Please remit **191.00** to Alexian Brothers Corporate Health Services
25466 Network Place
Chicago, IL 60673-1254
Phone: 224-273-2820