

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 |
|----------------------|----------|

| Date/Clinic | Patient | Description | Charge | Paid/Adj | Balance |
|---|---|---------------------------------------|----------------|--------------|----------------|
| 10/20/2021 - BOLINGBRK * Original Stmt - 4231096 | CONNOLLY, DILLON SSN# ***-**-0223 Pat. INV# 4226247 | PHYSICAL ABILITY TEST | 90.00 | -130.00 | -40.00 |
| 1/6/2022 - ORLANDPARK * Original Stmt - 4245729 | LATOCHA, HALINA SSN# 000-00-0000 Pat. INV# 4386847 | PHYSICAL ABILITY TEST PRE EMP EXAM | 50.00 65.00 | 0.00 0.00 | 50.00 65.00 |
| 1/25/2022 - BOLINGBRK * Original Stmt - 4245729 | LOKHANDWALA, AALIYAH SSN# 000-00-0000 Pat. INV# 4431742 | PHYSICAL ABILITY TEST | 50.00 | 0.00 | 50.00 |
| 2/23/2022 - BOLINGBRK * Original Stmt - 4245729 | AREND, SKY SSN# ***-**-9615 Pat. INV# 4503256 | PHYSICAL ABILITY TEST PRE EMP EXAM | 90.00 65.00 | 0.00 0.00 | 90.00 65.00 |
| 2/27/2022 - AURORA * Original Stmt - 4245729 | SAVINI, ELLA ROWAN SSN# 000-00-0000 Pat. INV# 4509939 | PHYSICAL ABILITY TEST PRE EMP EXAM | 50.00 65.00 | 0.00 0.00 | 50.00 65.00 |
| 3/8/2022 - GLENDALE * Original Stmt - 4257736 | DABRAL, DEVANSHEE SSN# 000-00-0000 Pat. INV# 4528183 | PHYSICAL ABILITY TEST PRE EMP EXAM | 50.00 65.00 | 0.00 0.00 | 50.00 65.00 |
| 3/18/2022 - GLENDALE * Original Stmt - 4257736 | MELVIN, PATRICK SSN# 000-00-0000 Pat. INV# 4547660 | PHYSICAL ABILITY TEST PRE EMP EXAM | 50.00 65.00 | 0.00 0.00 | 50.00 65.00 |
| 3/23/2022 - BERWYN * Original Stmt - 4257736 | STOCKMAL, MICHAEL SSN# 000-00-0000 Pat. INV# 4552822 | PHYSICAL ABILITY TEST PRE EMP EXAM | 50.00 65.00 | 0.00 0.00 | 50.00 65.00 |
| 3/24/2022 - GLENDALE * Original Stmt - 4257736 | BURGER, JORDAN SSN# 000-00-0000 Pat. INV# 4554000 | PHYSICAL ABILITY TEST PRE EMP EXAM | 50.00 65.00 | 0.00 0.00 | 50.00 65.00 |
| 4/25/2022 - BOLINGBRK * Original Stmt - 4262243 | BEACOM, DAVID SSN# ***-**-9384 Pat. INV# 4608903 | PHYSICAL ABILITY TEST | 94.00 | -44.00 | 50.00 |

PLEASE PAY THIS AMOUNT ==> 905.00

* Visits printed prior to using updated statement format will not display 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 \$ | |
|----------------------------|--|

| Date/Clinic | Patient | Description | Charge | Paid/Adj | Balance |
|---|---|---------------------------------------|----------------|--------------|----------------|
| 10/20/2021 - BOLINGBRK * Original Stmt - 4231096 | CONNOLLY, DILLON SSN# ***-**-0223 Pat. INV# 4226247 | PHYSICAL ABILITY TEST | 90.00 | -130.00 | -40.00 |
| 1/6/2022 - ORLANDPARK * Original Stmt - 4245729 | LATOCHA, HALINA SSN# 000-00-0000 Pat. INV# 4386847 | PHYSICAL ABILITY TEST PRE EMP EXAM | 50.00 65.00 | 0.00 0.00 | 50.00 65.00 |
| 1/25/2022 - BOLINGBRK * Original Stmt - 4245729 | LOKHANDWALA, AALIYAH SSN# 000-00-0000 Pat. INV# 4431742 | PHYSICAL ABILITY TEST | 50.00 | 0.00 | 50.00 |
| 2/23/2022 - BOLINGBRK * Original Stmt - 4245729 | AREND, SKY SSN# ***-**-9615 Pat. INV# 4503256 | PHYSICAL ABILITY TEST PRE EMP EXAM | 90.00 65.00 | 0.00 0.00 | 90.00 65.00 |
| 2/27/2022 - AURORA * Original Stmt - 4245729 | SAVINI, ELLA ROWAN SSN# 000-00-0000 Pat. INV# 4509939 | PHYSICAL ABILITY TEST PRE EMP EXAM | 50.00 65.00 | 0.00 0.00 | 50.00 65.00 |
| 3/8/2022 - GLENDALE * Original Stmt - 4257736 | DABRAL, DEVANSHEE SSN# 000-00-0000 Pat. INV# 4528183 | PHYSICAL ABILITY TEST PRE EMP EXAM | 50.00 65.00 | 0.00 0.00 | 50.00 65.00 |
| 3/18/2022 - GLENDALE * Original Stmt - 4257736 | MELVIN, PATRICK SSN# 000-00-0000 Pat. INV# 4547660 | PHYSICAL ABILITY TEST PRE EMP EXAM | 50.00 65.00 | 0.00 0.00 | 50.00 65.00 |
| 3/23/2022 - BERWYN * Original Stmt - 4257736 | STOCKMAL, MICHAEL SSN# 000-00-0000 Pat. INV# 4552822 | PHYSICAL ABILITY TEST PRE EMP EXAM | 50.00 65.00 | 0.00 0.00 | 50.00 65.00 |
| 3/24/2022 - GLENDALE * Original Stmt - 4257736 | BURGER, JORDAN SSN# 000-00-0000 Pat. INV# 4554000 | PHYSICAL ABILITY TEST PRE EMP EXAM | 50.00 65.00 | 0.00 0.00 | 50.00 65.00 |
| 4/25/2022 - BOLINGBRK * Original Stmt - 4262243 | BEACOM, DAVID SSN# ***-**-9384 Pat. INV# 4608903 | PHYSICAL ABILITY TEST | 94.00 | -44.00 | 50.00 |

PLEASE PAY THIS AMOUNT ==> 905.00

* Visits printed prior to using updated statement format will not display the 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