

INVOICE TRANSMITTAL

Accounting Unit (9 digit)
100640100
Account (5 digit)
63100
Grants & Projects (If needed)
Activity
Account Category
PROFESSIONAL SERVICES

Vendor #	14606	
Vendor Name	OAK BEND MEDICAL GROUP	
Address	4911 SAND HILL DR	
City	SUGAR LAND	
State	Zip Code	Date
TX	77479	3.29.2011

Invoice #/Invoice Date/Desc
Mar-11
Apr-11

Amount
28,750.00
28,750.00
Total
57,500.00

County Auditor's Use Only
CC Approval Date _____
Check Type _____
Audited By _____
Received
Paid

_____ Authorized Department Approval
Treasurer's Register Stamp and Number

OakBend Medical Group

1705 Jackson Street
Richmond, TX 77469

INVOICE

February 18, 2011

Ft. Bend County Indigent Program
Karl Lavine, Coordinator
4520 Reading Rd, Ste. A
Rosenberg, TX 77471
(281) 341-6624/Fax (281) 341-1528

Capitation Payment for March 2011

\$28,750.00

(Per the contractual agreement between the Ft. Bend
County Indigent Program and Polly Ryon Medical
Group)

Please make check payable to OakBend Medical Group, Attn: Accounting Department, 1705 Jackson, Richmond, TX 77469. For inquiries, please contact Susan Carruth at 281-341-4881.

**This payment is due by the 5th of the month for services furnished in the prior month.
Due by April 5, 2010**

OakBend Medical Group

1705 Jackson Street
Richmond, TX 77469

INVOICE

March 22, 2011

Ft. Bend County Indigent Program
Karl Lavine, Coordinator
4520 Reading Rd, Ste. A
Rosenberg, TX 77471
(281) 341-6624/Fax (281) 341-1528

Capitation Payment for April 2011

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