

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	9.21.2011

Invoice #/Invoice Date/Desc
Aug-11

Amount
8,575.24
Total
8,575.24

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

August 25, 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 August 2011 prorated

\$8,575.24

(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 September 5, 2011**