

# INVOICE TRANSMITTAL

<b>Accounting Unit (9 digit)</b>
<b>100640100</b>
<b>Account (5 digit)</b>
<b>63100</b>
<b>Grants &amp; Projects (If needed)</b>
<b>Activity</b>
<b>Account Category</b>
<b>PROFESSIONAL SERVICES</b>

<b>Vendor #</b>	<b>14606</b>
<b>Vendor Name</b>	<b>OAK BEND MEDICAL GROUP</b>
<b>Address</b>	<b>4911 SAND HILL DR</b>
<b>City</b>	<b>SUGAR LAND</b>
<b>State</b>	<b>Zip Code</b>
<b>TX</b>	<b>77479</b>
<b>Date</b>	<b>7.24.13</b>

<b>Invoice #/Invoice Date/Desc</b>
<b>Jul-13</b>

<b>Amount</b>
<b>16,666.67</b>
<b>Total</b>
<b>16,666.67</b>

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

Karl Lavine (MH)
Authorized Department Approval
Treasurer's Register Stamp and Number

# OakBend Medical Group

1705 Jackson Street  
Richmond, TX 77469

## INVOICE

June 20, 2013

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

### Capitation Payment for July 2013

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

**\$16,666.67**

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Please make check payable to OakBend Medical Group, Attn: Accounting Department, 1705 Jackson, Richmond, TX 77469.

**This payment is due by the 5th of the month for services furnished in the prior month.  
Due by Aug 5, 2013**