

INVOICE TRANSMITTAL

AGENDA ITEM


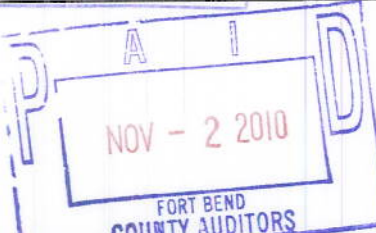
11/2/10 661 992
OK 334285

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

Vendor #	14606 14606 (4)
Vendor Name	OAK BEND MEDICAL GROUP
Address	4911 SAND HILL DR
City	SUGAR LAND
State	TX
Zip Code	77479
Date	10.26.2010

Invoice #/Invoice Date/Desc
Oct-10
Nov-10
Dec-10
only paying Oct. - Nov & Dec. will be on a P.D.

Amount	28,750.00
	28,750.00
	28,750.00
Total	28,750.00
	86,250.00

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

Martha Hernandez
Authorized Department Approval

Treasurer's Register Stamp and Number
COUNTY TREASURER FORT BEND COUNTY REGISTERED NOV 02 2010
<i>Jeff Council</i>

OakBend Medical Group

1705 Jackson Street
Richmond, TX 77469

INVOICE

October 1, 2010

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 October 2010

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

\$28,750.00

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 November 5, 2010**

