

Date 6/3/14

Invoice #0005

Bill to:

**Okeene Municipal Hospital**

207 F St, Okeene, OK 73763

Billing Period

3/1/14 – 3/31/14

Services

Consulting on 340B Program

Terms 30 days

Fee 10% Net 340B Margin

**Revenue** **\$ 17,116.96**

**Pharmacy Retains** **\$3,874.00**

**Allocated to Wholesaler** **\$ 7875.07**

**RxStrategies Processing Fee** **\$282.15**

**Covered Entity Benefit** **\$ 5085.74**

**Due to ACI @ 10%** **\$508.57**

**Total Due ACI** **\$508.57**