



340B PROGRAM REVENUE

Invoice **47430** for **08/01/2014**

Statement Cycle **04**

Remit To:

RxStrategies, Inc.
1900 Glades Road, Suite 350
Boca Raton, FL 33431
P: 561-910-9100
F: 561-416-2011

Bill To:

Shelly Dunham
Okeene Municipal Hospital
207 East F Street
PO Box 489
Okeene, OK 73763

Customer	Payment Terms	Due Date
Okeene Municipal Hospital (1842)	For Your Records	
Admin Claims Processing Fees		183.15
CE Claim Processing Fees		0.00
Differential Buyout Drug Cost		443.62
Differential Replenishment Drug Cost		3,368.15
Estimated Drug Cost		2,461.02
Gross Pharmacy Collections		(9,613.54)
Pharmacy Dispensing Fee		2,644.00
		<u>(513.60)</u>

Okeene Municipal Hospital Program (Revenue)

(513.60)

FOR YOUR RECORDS