

INVOICE

ENTERED MAR 17 2015



Invoice #: 31093141

Inv. Date: 3/13/2015

Due Date: 3/23/2015

Terms: Net 10

RAE, MAX
MADELINE RAE
PO BOX 7790

Patient: ~~XXXXXXXXXX~~
Account #: 458252
Claim/File #:

SALEM, OR 97303-0175

Shipping:
PO BOX 7790

SALEM, OR 97303-0175

Facility: SALEM HOSPITAL-OR ***

Description	Quantity	Unit Price	Extension
* Note: Hard Copy Page Count: 264	264	\$0.00	\$0.00
Basic Fee Pages 1-10	1	\$30.00	\$30.00
Copy Charge \$.50 Per Page 11-50	40	\$0.50	\$20.00
Copy Charge \$0.25 Pgs 51+	214	\$0.25	\$53.50
Bonus Fee	1	\$5.00	\$5.00

Product Total: \$ 108.50
 State Tax: 0.00%
 City/local Tax: 0.00%
 Sales Tax: \$ 0.00 (0.00%)
 Postage: \$ 1.95

 Grand Total: \$ 110.45
 Credits/Payments: \$ 0.00

Amount Due: \$ 110.45

Please Note: This information has been disclosed to you from records that may be protected by state and federal confidentiality rules (42 CFR, part 2). The federal rules prohibit you from making any further disclosure of protected information unless further disclosure is expressly permitted by written consent of the person to whom it pertains, or is otherwise permitted by 42 CFR, part 2.

Payment Options:

- Use your credit card online at payportal.iodincorporated.com
- Use your credit card by phone at 866-420-7455 Option 1
- By mail; please include the payment sheet (page 2) with your check to ensure that your payment is properly applied!

In an effort to improve the quality of our service we are seeking your feedback. The survey should take no more than five minutes to complete. Please complete the survey at www.iodincorporated.com/Survey/Roi and thank you in advance for your time and input.

iod incorporated TaxID No. 65-0765287
 PO Box 19072, Green Bay WI, 54307-9072
 Phone: 866-420-7455 Option 1 * Fax: 920-406-6537

MEASURE: SB710
 EXHIBIT: 15
 SENATE HUM SER & EARLY CHLD
 DATE: 3/19/15 PAGES: 1
 SUBMITTED BY: Max Rae