



INVOICE

HIDALGO COUNTY
Vendor: INDIGENT HEALTH
Report Period: 5/1/2018 - 5/31/2018

Invoice #: 01680
Invoice Date: 06/15/2018

Payee/Remit Address: HEB Grocery Company
PO Box 202905
Dallas, TX 75320-2905
Tax Id: 743010657

PLEASE RETURN ONE
COPY WITH PAYMENT

Table with columns: Name, Cardholder ID, Store ID, NCPDP, Rx #, Fill Date, Date Written, Refill, NDC, NDC Description, Quantity Dispensed, Days Supply, Amount Due. Includes rows for various medications like ATORVASTATIN, LISINOPRIL, and RALOXIFENE.

Count: 5
Amount Due: \$ 142.23

By submitting payment for the services received, I am certifying that (i) any service(s) listed have been rendered by me or by my authorized agent; (ii) all charges are correct; and (iii) I understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable federal or state law.