

**PHYSICIAN  
INFORMATION  
SYSTEMS**

Mount Carmel Health

**Invoice Schedule**

**Columbus Health Department**

240 Parsons Ave.  
Columbus, OH 43215  
5955 E. Broad St.  
Columbus, OH 43213  
Tel (614) 234-8999 Fax (614) 234-9232

www.mcphysinfo.com email to ajordan@mchs.com

7029

Contract Period

**April 1, 2011 to March 31, 2012**

**CHD NextGen EPM and EMR**

Revised 2/1/11

<b>Monthly Detail</b>	
Apr-2011	\$ 11,789.90
May-2011	\$ 11,789.90
Jun-2011	\$ 11,789.90
Jul-2011	\$ 11,789.90
Aug-2011	\$ 11,789.90
Sep-2011	\$ 11,789.90
Oct-2011	\$ 11,789.90
Nov-2011	\$ 11,789.90
Dec-2011	\$ 11,789.90
Jan-2012	\$ 11,789.90
Feb-2012	\$ 11,789.90
Mar-2012	\$ 11,789.90
<b>Subtotal</b>	<b>\$ 141,478.80</b>

*Detail found on Schedule A*

\*\* Monthly fee will increase \$699.00 per month upon order of new provider license.

**License Fee \$8,388.00**

Total

**\$149,866.80**

—