Legistar 26-0227 - Patient Arrestee Bill Payments

Supplier Name	AP Invoice amount
ADVOCATE MEDICAL GROUP	$ 324.39
ADVOCATE MEDICAL GROUP	$ 468.45
ST. ANTHONY HEALTH AFFILIATES	$ 7.60
ST. ANTHONY HEALTH AFFILIATES	$ 10.75
ST. ANTHONY HEALTH AFFILIATES	$ 38.60
SAINT ANTHONY HOSPITAL	$ 236.80
SAINT ANTHONY HOSPITAL	$ 262.56
SAINT ANTHONY HOSPITAL	$ 804.92
SAINT ANTHONY HOSPITAL	$ 2,435.92
CITY OF CHICAGO	$ 3,055.68
CITY OF CHICAGO	$ 3,055.80
MEDICAL EXPRESS AMBULANCE SERVICE, INC.	$ 338.94
SAINT ANTHONY HOSPITAL	$ 670.49
Grand Total	**$ 11,710.90**

Payment Date
11/18/2025
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