Legistar 22-3617 - Patient Arrestee Bill Payment	
Supplier Name	**AP Invoice amount**
MT SINAI MEDICAL GROUP	$ 70.38
MT SINAI MEDICAL GROUP	$ 169.44
MT SINAI MEDICAL GROUP	$ 521.30
SAINT ANTHONY HOSPITAL	$ 236.01
SAINT ANTHONY HOSPITAL	$ 587.05
SAINT ANTHONY HOSPITAL	$ 791.62
SAINT ANTHONY HOSPITAL	$ 488.41
ST. ANTHONY HEALTH AFFILIATES	$ 27.00
ST. ANTHONY HEALTH AFFILIATES	$ 27.00
ST. ANTHONY HEALTH AFFILIATES	$ 27.00
ST. ANTHONY HEALTH AFFILIATES	$ 27.00
ST. ANTHONY HEALTH AFFILIATES	$ 81.00
ST. ANTHONY HEALTH AFFILIATES	$ 237.42
NORTHSHORE UNIV HEALTHSYSTEM FACILITY	$ 93.36
NORTHSHORE UNIV HEALTHSYSTEM FACILITY	$ 111.64
NORTHSHORE UNIVERSITY HEALTHSYSTEM	$ 154.79
NORTHSHORE UNIVERSITY HEALTHSYSTEM	$ 179.55
NORTHSHORE UNIVERSITY HEALTHSYSTEM	$ 743.56
Grand Total	**$ 4,573.53**

Payment Date
4/21/2022
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