

Block, Darla

From: Block, Darla
Sent: Thursday, July 29, 2010 2:21 PM
To: Allen, Debbie
Subject: Refund Issuance

July 29, 2010

Dear Debbie,

Please issue a \$25.00 refund for overpayment on a Proof of Beneficial Use in the name of Kootenai Medical Center .
Receipt ID is C091382. The PCA is 56104. The proper amount paid should've been \$125.00 not \$150.00.

Please send the \$25.00 refund to:

KOOTENAI MEDICAL CENTER
2003 KOOTENAI HEALTH WAY
COEUR D ALENE ID 83814

Thank You,

Darla Block