



Divisions of IMN Enterprises, LLC
REMIT TO: PO Box 29647 Dallas, TX 75229-9647

INVOICE

Attention of: Dr. Joe Meyer
BILL TO: Blessing Hospital
1005 Broadway Street
Quincy, IL 62301

REPORTING TO:
Blessing Hospital
1005 Broadway Street
Quincy, IL 62301

REMIT TO: P.O. Box 29647 Dallas, TX 75229-9647

PO#

DATE 02/17/2024	INVOICE NO. 57914	PAGE 1	ACCOUNT NO. 105163	TERMS: Due Upon Receipt		
PERIOD		DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT
02/11/24-02/17/24	ANESGEN	Ellis, Jeanette I		40.00	330.00	\$13,200.00
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TIMESHEET

3722 Atlanta Highway, Suite 1, Athens, GA 30606
Toll Free 866-427-6691 Fax 706-425-8656

Provider: **Jeanette Ellis**

DBA: **EL IS ANESTHESIA LLC**

Address: **809 Apache Drive**

City, State & Zip: **Sikeston, MO 63801**

From: **2/12/2024**

To: **2/16/2024**

Group:

Facility: **Blessing Hospital**

Rates are confidential. Please do not record dollar amounts on this timesheet.

Date	REGULAR Hrs		OVERTIME Hrs		CALL Back Hrs		Total Regular Hrs	Total Call Back & OT Hrs
	Begin	End	Begin	End	Begin	End		
Sunday								
Monday 2/12	7:00	3:30					8	
Tuesday 2/13	7:00	3:30					8	
Wednesday 2/14	7:00	3:30					8	
Thursday 2/15	7:00	3:30					8	
Friday 2/16	7:00	3:30					8	
Saturday								

Total Regular Hours 40

Mileage

Total Overtime Hours

Total Call Back Hours

of Weeknight Calls

of Weekend Calls

Other

Authorizing Signature

Delays in payment for services rendered will occur if client approval signature is not obtained, if timesheet is not received by 10pm on Mondays, if receipts are not included or if timesheet is not completed properly. Please contact your agent with any questions or concerns.