



**MEDICAL TRAINING SOLUTIONS, INC.**

PO Box 17349  
Seattle, WA 98127 US  
+18666816700  
support@medtraining.org  
medtraining.org

**Invoice 33095**

<b>DATE</b> 04/21/2026	<b>PLEASE PAY</b> <b>\$1,145.00</b>	<b>DUE DATE</b> 07/01/2026
---------------------------	--	-------------------------------

**BILL TO**

Nebraska Medicine  
Accounts Payable  
988148 Nebraska Medical Center  
Omaha, NE 68198-8148  
ap@nebraskamed.com

**SHIP TO**

Nebraska Medical Center  
Attn: Brenda Jershin  
4401 Dewey Avenue  
Omaha, NE 68105

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

**START DATE**

7/1/2026

**END DATE**

6/30/2028

PROGRAM	RATE
PPMP COMPETENCY ASSESSMENT and TRAINING LIBRARY Online PPM Procedures Competency Assessment and Training Subscription	1,145.00

**MTS PAYMENT INFORMATION**

- Bank Name: Wells Fargo
- Account #: 1831245285
- Routing #: 125008547

You may mail a check to the address listed above.  
If you would like to pay by credit card, please contact Support  
(3% processing fee)

SUBTOTAL	1,145.00
TAX	0.00
TOTAL	1,145.00

**TOTAL DUE \$1,145.00**

THANK YOU.

[View and pay](#)