

**MEDICAL TRAINING SOLUTIONS, INC.**

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

Invoice 33088

| | | |
|---------------------------|--|-------------------------------|
| DATE 04/21/2026 | PLEASE PAY \$5,130.00 | DUE DATE 07/01/2026 |
|---------------------------|--|-------------------------------|

BILL TO

JPS Health Network
 Attn: Accounts Payable
 PO Box 901006
 Fort Worth, TX 76101-2006
 ap@jpshealth.org

SHIP TO

John Peter Smith Hospital
 Attn: Thel Grayson
 1500 South Main Street
 Fort Worth, TX 76104

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

P.O. NUMBER
10706465

START DATE
7/1/2026

END DATE
6/30/2028

| PROGRAM | RATE |
|--|-------------|
| LAB TRAINING LIBRARY Online Laboratory Training Subscription | 5,070.00 |
| LAB COMPETENCY ASSESSMENT Online Laboratory Competency Assessment Subscription | |
| PPMP COMPETENCY ASSESSMENT Online PPM Procedures Competency Assessment Subscription | |
| POCT COMPETENCY ASSESSMENT Online Point of Care Testing Competency Assessment Subscription | |
| LECTURE LIBRARY A growing library of online lectures focussing on a variety of laboratory management topics including Human Resources, Utilization Management, and Testing. | 60.00 |

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 | 5,130.00 |
| TAX | 0.00 |
| TOTAL | 5,130.00 |

TOTAL DUE \$5,130.00

THANK YOU.

[View and pay](#)