

INVOICE

Prisma Health - Blount Memorial Hospital

Invoice #: 03312026-1
Invoice date: 4/6/2026

907 East Lamar Alexander Pkwy
Maryville, TN 37804-5015
P: 865-983-7211
F: 865-981-2333

Bill to:
Address:

Phone:
Fax:

Description	Type	Accounts	Gross charges	Discount	Price
FY25 inmates	Hospital	66	\$297,989.05	\$119,195.62	\$178,793.43
FY25 inmates	Professional	64	\$13,469.32	\$5,387.73	\$8,081.59
				TOTAL	\$186,875.02

Please make all checks payable to Prisma Health - Blount Memorial Hospital .
Total due upon receipt.
prismahealth.org

INVOICE

Prisma Health - Blount Memorial Hospital

Invoice #: 03312026-2
Invoice date: 4/6/2026

907 East Lamar Alexander Pkwy
Maryville, TN 37804-5015
P: 865-983-7211
F: 865-981-2333

Bill to:
Address:

Phone:
Fax:

Description	Type	Accounts	Gross charges	Discount	Price
FY26 inmates	Hospital	33	\$169,019.40	\$67,607.76	\$101,411.64
FY26 inmates	Professional	26	\$8,161.50	\$3,264.60	\$4,896.90
				TOTAL	\$106,308.54

Please make all checks payable to Prisma Health - Blount Memorial Hospital.
Total due upon receipt.
prismahealth.org



Blount County Government

341 Court Street
Maryville TN 37804
(865) 273-5700

Vendor
Number
5464

Check
Date
04/09/2026

Check
Number
23613320

\$293,183.56

Two Hundred Ninety-three Thousand One Hundred Eighty-three Dollars and 56 Cents

Pay PRISMA HEALTH-BLOUNT MEMORIAL HOSPITAL
To the 907 EAST LAMAR ALEXANDER PKWY
Order Of MARYVILLE, TN 37804-5015

**FILE COPY
NON-NEGOTIABLE**

Blount County Government, Maryville, TN 37804 **PAGE: 1 OF 1** **CHECK NUMBER: 23613320**

INVOICE DATE	INVOICE NUMBER	DESCRIPTION	INVOICE AMOUNT
04/06/2026	03312026-1	inmate medical claims FY25 Voucher #: 20147 GL#:101-54210-534000-00000-000-00000-0000-10-00000	\$186,875.02
04/06/2026	03312026-2	INMATE MEDICAL CLAIMS Voucher #: 20148 GL#:101-54210-534000-00000-000-00000-0000-10-00000	\$106,308.54

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
5464	PRISMA HEALTH-BLOUNT MEMORIAL HOSPITAL	23613320	04/09/2026	\$293,183.56