# Invoice

#### **Patient Information**

Patient Name Keary Tytcomb

Gender Age

Male 30

**Contact Number** (345) 876-5934

Patient Address 893 Forest Run Circle, 0

Summit Hill Columbus, Ohio,

43284

### **Doctor Information**

Doctor Name John Doe

**Phone Number** (456) 876-5493

## Category

Medicine

### Claim Type

Post Hospitalization

#### Items

	Description	Quanti ty	Unit Price	Amount
1	Medical Supply 1	1	85	\$85
2	Medical Supply 2	2	55	\$110
3	Medical Supply 3	10	15	\$150
4	Medical Supply 4	3	30	\$90
5	Medical Supply 5	5	30	\$150