

# Invoice

Invoice Number

INV-UVA5LC

Order Date

December 15, 2022

## Patient Information

**Patient Name**

Carma Tytcomb

**Gender**

Female

**Age**

25

**Contact Number**

(345) 876-5955

**Patient Address**

95576 Waubesa Street, 46505 Bluestem Hill  
Atlanta, Georgia, 30358

## Doctor Information

**Doctor Name**

John Doe

**Phone Number**

(456) 876-5493

## Category

Investigation

## Claim Type

Pre Hospitalization

## Items

	Description	Quantity	Unit Price	Amount
1	Examination	2	300	\$600

**Payment Method**

Check

**Total Amount**

\$600