

## Commonwealth Hospital and Medical Center

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### Bill To:

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### Invoice Details:

Invoice #: INV-000011  
Date: Jan 19, 2026  
Due Date: Jan 26, 2026  
Status: **UNPAID**

Description / Service	Amount (PHP)
In-clinic OB-GYN Consultation Fee	700.00

**Total Amount: 700.00**

**Amount Paid: 0.00**

**Balance Due: 700.00**

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