

INVOICE

#333006607

Patient Information

Name: testmuh testmuh
Address: bd, syl, Arizona.

Facility Information

Name: Facility One (QA)
Provider Name: test provider
Address: 1632 College View
Belleville, Kansas,New York-62220

Invoice Date : 📅 16th Jun 2021

S/N	Service	Quantity	Unit Price	Total
1	Test Service 1	1	\$8	\$8
2	Test Service 2	1	\$20	\$20

S/N	Product	SKU	Quantity	Unit Price	Total
3	SAI RAJ	CP-9C9E3A6C3FD	1	\$1	\$1

S/N	Package	Services	Total
4	test1223333	1. testing123	\$300

Sub - Total amount: \$ 329

Discounted amount: \$0

Product Tax (Included): \$0.06

Total : \$329.06

Additional Note : this is additional tt