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**Invoice Date :** 6/1/2017  
**Invoice Due Date :** 6/11/2017  
**Invoice Number :** MAX-270617\_1

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**Bill To :**  
Palmetto Gastroenterology and Hepatology, P.A. 85 Wren St

S.No.	Service Description	Month	Unit Price	Total Lines	Amount
1	Transcription	June 2017	0.0750	2349	176
Total Charges					176
Account Balance as of (11/29/2017)					176

**EVO PDF Tools Demo**