

# MEDICAL BILLING INVOICE

PATIENT INFORMATION

PRESCRIBING PHYSICIAN'S INFORMATION

INVOICE NUMBER:

DATE:  
04/18/2025

INVOICE DUE DATE:

AMOUNT DUE:  
\$

ITEM	DESCRIPTION	AMOUNT
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NOTES:

SUB TOTAL:	\$
TAX (%):	\$
TOTAL:	\$

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For more information or concerns, email us at **[invoices@concordiahill.com](mailto:invoices@concordiahill.com)**