

1-800-266-0613 Fax: 1-800-266-5044

PGH6999	9/28/2023	6708017-03-03
ACCOUNT NO:	INVOICE DATE:	INVOICE NO:

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Cash Only

Bill To: Angela Rivers

Manning & Kass

801 South Figueroa, 15th Floor

Los Angeles, CA 90017

Ship To: William Kelsberg

Manning & Kass, Ellrod, Ramirez, Trester LLP

801 South Figueroa, 15th Floor,

Los Angeles, CA 90017

PERTAINING TO: Nadine Elzein

CASE TITLE: Nadine Elzein / Ghalee Seirafi, et. al

CASE NUMBER: CVR12203615

FIRMS NUMBER: 5577-59882

INSURED: Progressive West Insurance Company

DATE OF LOSS: 6/19/2021 **CLAIM/ POLICY#:** 217644713 /

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Corona Regional Medical Center/Radiology Dept. Corona,CA			
CD	1.00	4.00	4.00
Witness Fee			15.00
X-Ray Fee - Custodial			150.00
Basic Fee - Subpoena			32.00
Regarding: Nadine Elzein at Corona Regional Medical Center/Radiology Dept. Co	urona		
Regarding. Natine Eizem at Corona Regional Medical Center/Radiology Dept. Corona		SUB-TOTAL	201.00
Please note, films were previously shipped. Idj		SALES TAX	14.63
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	215.63

FOR PROPER CREDIT, PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT.

Remittance Copy

PLEASE CHECK HERE () AND MAKE CHANGES TO ADDRESS BELOW.

Bill To: Angela Rivers

Manning & Kass

801 South Figueroa, 15th Floor Los Angeles, CA 90017

PGH6999	9/28/2023	6708017-03-03
ACCOUNT NO:	INVOICE DATE:	INVOICE NO:

TOTAL DUE:

\$ 215.63

1. PLEASE INCLUDE INVOICE NUMBER ON PAYMENT.

2. MAKE CHECKS PAYABLE TO ABI Document Support Services.

Remit To: ABI Document Support Services

P.O. Box 2970

Springfield, MO 65801-2970



Order # 6708017-03-03/ABlinvRE.MDX