



# Invoice

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/21/2023	6731320-04-01

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

Terms: Cash Only

Bill To: Rodrigo Bozoghlian, Esq.\*\*NO LONGER WITH FIRM 11/9/23\*\*  
Manning & Kass  
801 South Figueroa, 15th Floor  
Los Angeles, CA 90017

Ship to: Rodrigo Bozoghlian, Esq.  
Manning & Kass  
801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Mohammed Khalid <b>CASE TITLE:</b> Mohammed Khalid / Progressive West Ins <b>CASE NUMBER:</b> 22-7640804	<b>FIRMS NUMBER:</b> 5577-59907 <b>INSURED:</b> Mohammed Khalid <b>DATE OF LOSS:</b> 5/25/2022 <b>CLAIM/ POLICY#:</b> 22-7640804 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Northridge Hospital Medical Center/Radiology Department Northridge,CA</b>			
Shipping and Handling	1.00	9.50	9.50
CD	3.00	4.00	12.00
Basic Fee - Subpoena			32.00
Witness Fee			15.00
X-Ray Fee - Custodial			100.00
X-Ray Fee - Custodial			25.00
Regarding: Mohammed Khalid at Northridge Hospital Medical Center/Radiology Department Northridge		<b>SUB-TOTAL</b>	193.50
Please note, films were previously shipped. Please note, client has been provided an additional X-ray CD as requested. slf		<b>SALES TAX</b>	13.92
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	207.42

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

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

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**TOTAL DUE: \$ 207.42**

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 # 6731320-04-01/ABInVRE.MDX

**Remittance Copy**