

**Invoice**

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

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/30/2023	6730839-04-01

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

Terms: Cash Only

Bill To: Michael Good
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

Ship To: William Kelsberg
Manning & Kass
801 South Figueroa, 15th Floor,
Los Angeles, CA 90017

PERTAINING TO: Regina Ramirez CASE TITLE: Regina Ramirez / Chrysta Gillum CASE NUMBER: 22STCV13585	FIRMS NUMBER: 5577-59891 INSURED: Chrysta Gillum DATE OF LOSS: 3/13/2020 CLAIM/ POLICY#: 20-2449219 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Los Angeles Pain Institute Glendale, CA			
OCR	8.00	0.03	.24
Pages	8.00	0.10	.80
Basic Fee - Subpoena			32.00
Witness Fee			15.00
Regarding: Regina Ramirez at Los Angeles Pain Institute Glendale		SUB-TOTAL	48.04
Please find the attached Medical and Billing Records! There are no X-rays. kdp		SALES TAX	.08
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	48.12

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

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

Remittance Copy

Bill To: Michael Good
Manning & Kass
801 South Figueroa, 15th Floor
Los Angeles, CA 90017

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TOTAL DUE: \$ 48.12

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 # 6730839-04-01/ABlinvRE.MDX