

MEDICAL INVOICE

Invoice Number: INV-2025-001

Date: 2025-01-15

Provider Information

Provider: Central District Hospital
Address: 456 Medical Drive, Health City, HC 12345
Phone: (555) 123-4567
License No: HC-2020-7890

Patient Information

Patient Name: Jane Doe
Patient ID: PAT-2025-0042
Date of Birth: 1985-03-22
Insurance ID: INS-887654

Services Rendered

Description	ICD-10	CPT Code	Date	Qty	Unit Price	Total
General consultation	Z00.0	99213	2025-01-15	1	\$50.00	\$50.00
Complete blood count	D64.9	85025	2025-01-15	1	\$25.00	\$25.00
Urinalysis	R82.9	81003	2025-01-15	1	\$15.00	\$15.00
Amoxicillin 500mg x30	J06.9	99070	2025-01-15	1	\$12.00	\$12.00

Subtotal: \$102.00
Tax (5%): \$5.10

Total Amount: \$107.10

Payment Terms: Net 30 days

Thank you for choosing Central District Hospital.