

MEDICAL INVOICE

Invoice Number: INV-2025-047

Date: 2025-02-10

Provider Information

Provider: Riverside Family Clinic
Address: 12 Elm Street, Greenville, GV 54321
Phone: (555) 987-6543
License No: FC-2019-3456

Patient Information

Patient Name: Robert Mensah
Patient ID: PAT-2025-0118
Date of Birth: 1972-11-05
Insurance ID: INS-334210

Services Rendered

Description	ICD-10	CPT Code	Date	Qty	Unit Price	Total
X-Ray chest (PA view)	J18.9	71046	2025-02-10	1	\$85.00	\$85.00
Nebulizer treatment	J45.20	94640	2025-02-10	2	\$35.00	\$70.00
Follow-up visit	J45.20	99214	2025-02-10	1	\$75.00	\$75.00
Prednisolone 20mg x14	J45.20	99070	2025-02-10	1	\$18.50	\$18.50
Salbutamol inhaler	J45.20	99070	2025-02-10	1	\$22.00	\$22.00

Subtotal: \$270.50

Tax (5%): \$13.53

Total Amount: **\$284.03**

Payment Terms: Net 30 days
Thank you for choosing Riverside Family Clinic.