

# INVOICE

PatientLetterHub  
Healthcare Communication Platform  
support@patientletterhub.com

Invoice Number: INV-2025-0001  
Invoice Date: 2025-07-03  
Due Date: 2025-08-02  
Payment Terms: Net 30

Bill To:  
  
Dental Smiles  
akhldfldlj@dlskhfaldshla.com  
555-555-1212

Order Details:

Description	Quantity	Rate	Amount
9:30 am	5	\$0.95	\$4.75
Data Cleansing Service	1	\$25.00	\$25.00
NCOA Update Service	1	\$15.00	\$15.00
First Class Postage	1	Included	\$0.00

Subtotal:	\$4.75
Tax:	\$0.00
Total:	\$4.75

Payment Terms:  
This invoice is due within net 30.  
Please include invoice number with payment.

Notes:  
Invoice for order O-2009