



June 24 2024

Doctors Memorial Hosp 333 N Byron Butler Pkwy Perry FL 32347

ph/850-584-0800 F/ 850-584-2524

Please allow this document to serve as a one-time service agreement for services rendered. Clarity dx is requesting:

CT (order attached)at the rate \$250.

Clarity dx agrees to pay this within 30 days of bill receipt

Patient name: Jimmy Holt

DOB: 7/21/1980 DOI: 06/03/2024

Please Bill Clarity dx at the agreed upon rate.

Bill to:

Clarity dx

PO Box 540236

Orlando, FL 32854

Please fax the report and bill to 407-598-5395

Phone number 877-904-8900

Please note, this is a work comp injury. Please fax this agreement back to 407-598-5395 or e-mail back to kim.vileno@clarity-dx.com if you have any questions,please contact Kim Vileno 407-415-3425. Thank you for your time!Signatures below agree to the terms in this agreement.

Clarity dx – Sam Camacho

Signature

Signature

MGR - Operations

6/21/2024

Title

Date

Title

Date