

# METRO CITY HOSPITAL

500 Broadway, Seattle, WA 98102

Receipt #884411

## INVOICE

Date: 2025-03-10

Patient: Bob Smith

Bill No: MC-9922

Service	Date	Amount
Emergency Room Visit	2025-03-10	\$800.00
X-Ray (Right Arm)	2025-03-10	\$350.00
Casting Supplies	2025-03-10	\$150.00
<b>Total</b>		<b>\$1,300.00</b>

*Payment received in full.*