## Best Dentist Lincese Number: A24

## **Dental Clinic Invoice**

Address: 110 Sproul Hall #5800

Berkeley, CA

Dentist: Michael Drake Patient ID: MEM41

Bill To Patient Name: Ada Lovelace Invoice Number 2001281

 Insurance Info: Delta Dental #MEM41
 Date
 2/13/2025

 Contact Details: 555-555-5432
 Due Date
 3/15/2025

Procedure: NA Terms

Treatment Date: 1/12/2025

<b>Description</b> Quant	Unit price	Amount
Routine Dental Checkup 4	\$25.00	\$100.00

**Total** \$100.00

Insurance claims processed directly. Patient portion due at treatment. Payment plans available for procedures over \$500. Reference #[XXX]