

White Petal Hospital Center

Invoice

BILLED TO: Michael Glenn
186 Tina Prairie Apt. 154
South Cassandrabury, MT 57525

INVOICE DETAILS:
Invoice # INV783845
Date of Issue 1989-09-03
Due Date 1989-10-03

CODE	DESCRIPTION	AMOUNT
CH05	Cholesterol Test	\$60.00
CV19	COVID-19 Test	\$100.00
EE09	Eye Exam	\$75.00
BT23	Blood Test	\$80.00
Subtotal		\$315.00
Discount		\$69.30
Tax Rate		4.5%
TOTAL		\$259.88

Payment Instructions:
Please remit payment within 30 days of the invoice date. We accept checks, credit cards, and online payments through our patient portal.
Disclaimer:
This invoice is generated for services rendered. If you believe any information is incorrect, please contact our billing department immediately.

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