

White Petal Hospital Center

Invoice

BILLED TO: Angel Kaiser
365 Haley Islands Apt. 563
Linmouth, OR 62248

INVOICE DETAILS:
Invoice # INV140822
Date of Issue 2018-08-13
Due Date 2018-09-12

CODE	DESCRIPTION	AMOUNT
CH05	Cholesterol Test	\$60.00
PT07	Physical Therapy	\$120.00
CH05	Cholesterol Test	\$60.00
EE09	Eye Exam	\$75.00
Subtotal		\$315.00
Discount		\$110.25
Tax Rate		4.5%
TOTAL		\$218.93

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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www.whitepetalhospital.org