

White Petal Hospital Center

Invoice

BILLED TO: Casey King
93042 April Canyon
Anashire, AL 17130

INVOICE DETAILS:
Invoice # INV37657
Date of Issue 1991-03-09
Due Date 1991-04-08

CODE	DESCRIPTION	AMOUNT
VB08	Vaccination Booster	\$55.00
MRI5	MRI Scan	\$1200.00

Subtotal \$1255.00
Discount \$614.95
Tax Rate 4.5%
TOTAL \$696.52

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