

# White Petal Hospital Center

## Invoice

BILLED TO: Taylor Parsons  
22162 Renee Canyon  
South Ronaldville, MN 50745

INVOICE DETAILS:  
Invoice # INV872679  
Date of Issue 1993-12-14  
Due Date 1994-01-13

CODE	DESCRIPTION	AMOUNT
VB08	Vaccination Booster	\$55.00

Subtotal \$55.00  
Discount \$16.50  
Tax Rate 4.5%  
**TOTAL \$40.98**

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.

[info@whitepetalhospital.org](mailto:info@whitepetalhospital.org)

+1 (234)-567-8900

[www.whitepetalhospital.org](http://www.whitepetalhospital.org)