

White Petal Hospital Center

Invoice

BILLED TO: Christopher Gould
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INVOICE DETAILS:
Invoice # INV39821
Date of Issue 1971-06-23
Due Date 1971-07-23

CODE	DESCRIPTION	AMOUNT
ECG2	ECG	\$100.00

Subtotal \$100.00
Discount \$43.00
Tax Rate 4.5%
TOTAL \$61.50

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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