

# White Petal Hospital Center

## Invoice

BILLED TO: Mr. Patrick Franklin  
769 Victoria Views  
New Michaeland, MP 71791

INVOICE DETAILS:  
Invoice # INV244194  
Date of Issue 2003-11-03  
Due Date 2003-12-03

CODE	DESCRIPTION	AMOUNT
LP12	Lab Panel	\$180.00
CT15	CT Scan	\$1000.00
EE09	Eye Exam	\$75.00
DC04	Dermatology Consultation	\$180.00
Subtotal		\$1435.00
Discount		\$14.35
Tax Rate		4.5%
TOTAL		\$1485.23

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)