

White Petal Hospital Center

Invoice

BILLED TO: Angela Holmes
58605 Ramos Forge
Roachland, FM 45953

INVOICE DETAILS:
Invoice # INV590270
Date of Issue 2015-10-17
Due Date 2015-11-16

CODE	DESCRIPTION	AMOUNT
PR06	Prescription Refill	\$30.00
ECG2	ECG	\$100.00
VAX9	Vaccination	\$50.00
US10	Ultrasound	\$300.00
Subtotal		\$480.00
Discount		\$28.80
Tax Rate		4.5%
TOTAL		\$472.80

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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