

White Petal Hospital Center

Invoice

BILLED TO: Robert Ferguson
88706 Katherine Lock
Keithbury, MH 33993

INVOICE DETAILS:
Invoice # INV294900
Date of Issue 1980-05-23
Due Date 1980-06-22

CODE	DESCRIPTION	AMOUNT
CV19	COVID-19 Test	\$100.00
MRI5	MRI Scan	\$1200.00
AL07	Allergy Test	\$90.00
DC04	Dermatology Consultation	\$180.00
Subtotal		\$1570.00
Discount		\$15.70
Tax Rate		4.5%
TOTAL		\$1624.95

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

+1 (234)-567-8900

www.whitepetalhospital.org