

White Petal Hospital Center

Invoice

BILLED TO: Miss Julie Jackson MD
040 Cook Points Suite 457
Carrollside, UT 19885

INVOICE DETAILS:
Invoice # INV498431
Date of Issue 2018-06-29
Due Date 2018-07-29

CODE	DESCRIPTION	AMOUNT
HT02	Hearing Test	\$70.00
C001	Consultation	\$150.00

Subtotal \$220.00
Discount \$24.20
Tax Rate 4.5%
TOTAL \$205.70

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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