



Medical Invoice

MICA Healthcare Solutions

Bill From**Name:** Dr. John Smith**Street Address:** RoundHill Ave**City:** Baltimore**Zip Code:** 21240**Phone:** (413)-324-XXXX**Bill To****Name:** Solutions Mica**Street Address:** 8000 York Rd**City:** Towson**Zip Code:** 21252**Phone:** (410)-704-XXXX**Invoice No:** MHS-12354-24**Invoice Date:** 11/11/24**Due Date:** 11/11/24**Account No:** 554854545454

Medical Services	Medication	Patient	Rate(\$)	Total(\$)
General Consultation	Pain Relief Pill	Solutions Mica	100.00	100.00
Blood Test	None	Solutions Mica	50.00	50.00
X-ray	None	Solutions Mica	75.00	75.00
Emergency Care	Antibiotics	Solutions Mica	50.00	50.00
Vaccination	Vaccines	Solutions Mica	80.00	80.00
			Subtotal	\$505.00
			Tax (5%)	\$15.00
			Delivery Fee	\$10.00
			Total	\$530.00

MICA
HEALTHCARE SOLUTIONS

MICA Healthcare Solutions
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