Breeze MRI

INVOICE

9400 WESTHEIMER RD, SUITE #2 HOUSTON, TX 77063 Tel: (832) 844-1234 Fax: (832) 827-7299 www.breezemri.com TAX ID # 81-4982455 DATE: February 11, 2021 CHART # BRZ20191002-19731012-1

Bill To:

Dr. Arnab Majumdar 15 Walbridge St 20 Allston, MA 02134

Patient: Dr. Arnab Majumdar

Referring Physician	Terms	Due Date
Dr. Samrat Sengupta	LOP	Upon Settlement

Date of service	Description	CPT Code	Total Fee	Co- Pay	Adj	Balance(PR)
	CT ABDOMEN W/O Contrast	74150	3000	N/A	0.0	3000
					TOTAL	0

Thank You