

**Breeze MRI**

9400 WESTHEIMER RD, SUITE #2  
HOUSTON, TX 77063  
Tel: (832) 844-1234  
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www.breezemri.com

**INVOICE**

TAX ID # 81-4982455  
DATE: October 23, 2019  
CHART # BRZ20191003-19731012-1

**Bill To:** Dr. Arnab Majumdar  
15 Walbridge St 20  
Allston, MA 02134

Patient: Dr. Arnab Majumdar

Referring Physician	Terms	Due Date
Dr. Satrajit Kanjilal	LOP	Upon Settlement

Date of service	Description	CPT Code	Total Fee	Co-Pay	Adj	Balance(PR)
	CT ABDOMEN W/ Contrast	74160	3000	N/A	0.0	3000
	CT ABDOMEN W/O Contrast	74150	3000	N/A	0.0	3000
				<b>TOTAL</b>		<b>0</b>

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**Thank You**