

**Impact Medical Consulting,
PLLC**

ID

Invoice**Invoice #:** 2025-001**Date:** —**Status:** Draft**Claim #:** asdf**Claimant:** asdf**Bill To****Test Carrier**

Boise, ID 83701

Dates of Service

2025-11-11 – 2025-11-28

Service Date	Code	Description	Quantity
2025-11-11	EXP	stuff	10.00
2025-11-26	MIL	drove	5.00
2025-11-28	DOC	working	4.00

Billable hours	4.00
Mileage (miles)	5.00
Expenses (\$)	10.00
Total Due	\$10.00