

INVOICE

	Invoice #:		
	Date of Service:		
Го:	For:		
Name:	Patient Name:		
Address:	MRN:		

EXAM TYPE AND MEDICAL RECORD DESCRIPTION	Charged Amount	Total Contrast	AMOUNT
CT, CPT			\$
Omnipaque, HCPC Q9967		\$.90/unit	\$
		TOTAL:	

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Make all checks payable to Weill Cornell Imaging at NewYork-Presbyterian

Thank you for your business!

Reviewed: February 2025