

MEDICAL INVOICE

City General Hospital

Invoice Number:	INV-73930
Invoice Date:	2024-09-20
Patient Name:	John Anderson
Service Date:	2024-09-15

ITEMIZED CHARGES:

Description	Amount
Medical Consultation	\$1,927.50
Emergency appendectomy	\$7,710.00
Medications	\$1,927.50
Laboratory Tests	\$1,285.00
TOTAL AMOUNT DUE	\$12,850.00

Payment Instructions:
Please submit this invoice to your insurance provider for reimbursement. Payment is due within 30 days of service date.