Customer: 9216191679 Name: Rachael Collins MD

Address:

9055 Jordan Club Suite 397 Port Olivia, Connecticut 26520 **Home Phone:** 042.912.9315x333

Invoice #: INV-2E5ZI-86
Transaction ID: Q63669309129

Generated On: 2023-01-31T21:01:26Z

Invoice Status: Paid

Payment Date: 2023-01-18

Item 1	\$866.28
Item 2	\$3,926.12
Item 3	\$2,067.13
Total	6859.53