

**Customer:** 3504656855

**Name:** Kayla Higgins MD

**Address:**

939 Hatfield Inlet Suite 217

West Nicole, Kentucky 63632

**Home Phone:** 001-306-813-3064x466

**Invoice #: INV-2N9QC-46**  
**Transaction ID: S37304143234**

**Generated On:** 2023-02-10T11:28:26Z

**Invoice Status:** Paid

**Payment Date:** 2023-02-20

Item 1	\$79,298.14
Item 2	\$2.37
Item 3	\$78.37
Total	79378.88