

**Customer:** 0692073476  
**Name:** Chad Joseph MD  
**Address:**  
3294 Bernard Island Suite 029  
South Samantha, Illinois 45275  
**Home Phone:** 8094545731

**Invoice #: INV-4D3LF-68**  
**Transaction ID: D61811575146**

**Generated On:** 2023-01-21T00:05:15Z  
**Invoice Status:** Paid  
**Payment Date:** 2023-02-20

Item 1	\$62.87
Item 2	\$1,683.16
Item 3	\$9.46
Total	1755.49