

**Customer:** 8241973697

**Name:** Dr. Rachel Barnes MD

**Address:**

5273 Wood Lane Suite 027

Port Anthony, Minnesota 45057

**Home Phone:** +1-767-547-4273x50929

**Invoice #: INV-9F2YN-32**  
**Transaction ID: G31362283143**

**Generated On:** 2023-01-01T20:03:42Z

**Invoice Status:** Paid

**Payment Date:** 2023-01-22

Item 1	\$4.05
Item 2	\$60,423.38
Item 3	\$71.11
Total	60498.54