

**Customer:** 3674295613  
**Name:** Crystal Moore MD  
**Address:**  
8062 Rocha Green Apt. 435  
Port David, West Virginia 35928  
**Home Phone:** 1195315451

**Invoice #: INV-8D2AB-96**  
**Transaction ID: M40541824060**

**Generated On:** 2023-04-15T20:20:50Z  
**Invoice Status:** Paid  
**Payment Date:** 2023-04-30

Item 1	\$36,670.29
Item 2	\$90,325.25
Item 3	\$49.28
Total	127044.82