



Monroe County Office of the Medical Examiner  
740 East Henrietta Road  
Rochester, NY 14623  
(585) 753-5914

## INVOICE

Date	Invoice #	Due Date
3/19/2019	ME2019-0002	3/31/2019

**Bill To**

Oliver Beiersdorf  
c/o Reed Smith  
599 Lexington Ave  
New York, NY 10022-7650

Description	Qty	Rate	Amount
Freezer Hold		\$150.00	\$150.00
Glucose		\$6.00	\$6.00
X-Ray Examination (Physician)		\$125.00	\$125.00
LATE FEE		\$25.00	\$25.00
			<b>Total: \$306.00</b>

Failure to remit payment by the due date will result in a late fee added to your balance due.

Late fees are \$50 if your balance due is \$100 or more; or \$25 if your balance due is under \$100.

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TO PROPERLY CREDIT YOUR ACCOUNT, PLEASE SEND IN THIS PAYMENT SLIP WITH YOUR PAYMENT  
PAY ONLINE: <https://ehpermits.monroecounty.gov/dev/pay> QUESTIONS/PAY BY PHONE: (585) 753-5914  
Make checks payable to: Monroe County Department of Public Health

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