

# Billing Invoice

## Patient Address

5961 Golf Course Park, 743 Washington Plaza  
Salt Lake City, Utah, 84105  
United States

## Date

November 20, 2017

	Service/ Medication	Description	Fee	Quantity	A m o u n t
1					
2					
3					
4					
5					

## Patient Information

**Total Amount**

1345

### REMINDERS:

1. Present your Statement of Account when paying your utility bill.
2. Without this document, you will be required to provide the account number, account name, and amount to be paid.
3. Please check your online accounts after payment in order to make sure that the payment is pushed through.
4. If you have any questions, please contact us at (123) 123-4567 or email us at [info@noemail.com](mailto:info@noemail.com).