INVOICE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Billed from** | |  | **Bill to** |  | Invoice no | INV10001 |
| Name | LA Medical Clinic | | Name | John Smith |  |  |
| Address | 12414 Exposition | | Address | 516 main | Invoice Date | 2024-01-16 |
| City | Los Angeles, CA | | City | San Diego, CA |  |  |
|  |  | |  |  | **Due date** | **2024-02-16** |
|  |  | |  |  |  |  |

**Billed Services**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Description** | **Units** | **Cost** |
| A100 | Radiography Femur Right | 1 | $111.00 |
| A110 | Radiography Knee Left | 1 | $111.22 |
| A111 | Radiography Knee Right | 1 | $111.44 |
|  |  |  |  |

**Total** $333.66