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