INVOICE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Billed from** | |  | **Bill to** |  | Invoice no | {invoice\_no} |
| Name | LA Medical Clinic | | Name | {patient.name} |  |  |
| Address | 12414 Exposition | | Address | {patient.address} | Invoice Date | {invoice\_serviceDate} |
| City | Los Angeles, CA | | City | {patient.city}, {patient.state} |  |  |
|  |  | |  |  | **Due date** | **{invoice\_dueDate}** |
|  |  | |  |  |  |  |

**Billed Services**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Description** | **Units** | **Cost** |
| {#services} {serviceCode} | {serviceDescription} | {unit} | {cost|format:FML999G999G999G999G990D00}{/services} |
|  |  |  |  |

**Total** {services|sum:cost|format:FML999G999G999G999G990D00}