

Test Health Clinic
123 ABC ST
AKRON, OH 11111

Invoice #:	20EM10
Invoice Date:	03/19/2025
Due Date:	04/09/2025
Pay This Amount:	\$379.00
Total Paid:	\$

PLEASE MAKE CHECKS PAYABLE TO: Demo Clinic

Test Aggregate Invoices
PO BOX 12345
AKRON, OH 11111

Invoice #: 20EM10

Please Pay: \$379.00

Patient Name	Date	Description of Charges	Employer Owes
Patrica Cline	02/02/2023	OFFICE VISIT	\$120.00
	06/15/2021	OFFICE VISIT	\$120.00
Van Morrison	02/07/2024	HAZMAT -- PO # LISTED HERE	\$50.00
Paul Yarrow	11/20/2024	BREATH ALCOHOL TEST	\$30.00
	11/20/2024	CRL PANEL	\$59.00

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

Please Pay: \$379.00

Test Patient Invoice

8AM - 4PM
999-999-9999