



Dra Massiel Ramírez

Address Line 11, Address Line 2, City, Country - 0123456

INVOICE

Bill To

Paciente Prueba

Prueba@Prueba.com

809000000

#	INV-00004
Invoice Date	02-08-2023
Due Date	02-08-2023
Due Amount	\$1500.00
Payment Method	Efectivo
Status	Paid

Item & description	Qty	Unit Cost	Tax	Price
Consulta Seguimiento Primera Consulta Paciente Asegurado	1	\$1500.00		\$1500.00

Sub Total **\$1500.00**

Tax **\$0.00**

Discount **\$0.00**

Paid **\$**

Total \$1500.00

Customer Note

It's great to work with you.

Terms & Conditions

Please pay us your amount in 15 days. Otherwise 12% interest will be applied.