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Hospital Medical Billing Invoice

Invoice Number: INVOICE-2094001
Date: 03/15/2094

Name: John Casper
Date of Birth: 01/20/2050
Patient ID: PATIENT-2094-001

Service Description	Date	Cost (USD)
General Consultation	03/01/2094	\$150.00
X-Ray Examination	03/03/2094	\$200.00

Total Amount Due: ~~\$350.00~~

Payment Instructions:

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