



Accounts Receivable - Finance

LISTOWEL MEMORIAL HOSPITAL

255 ELIZABETH STREET EAST

LISTOWEL, ONTARIO

N4W 2P5

Phone: 519-291-3120

Fax: 519-292-2081

INVOICE

445403336-2

To: RUBBLE, BARNEY
1234 STONE ROAD
BEDROCK, ONTARIO
X0X0X0

Admission: 2021/01/07

Discharge: 2021/01/07

Client #: 91874

Date: 2021/10/19

Patient Name: RUBBLE, BARNEY SHERWOOD

HST#: R107629024

Terms: Payable on Receipt

Invoice Number	Date YYYY/MM/DD	Description	Amount	Total
445403336-2	2021/10/19	TEST CASE	10.00	
		TOTAL CURRENT CHARGES:		10.00

Please retain this copy for income tax purposes

Please Direct Inquiries To The Business Office, DENISE (519) 291-3120 Ext: 6211

A charge of \$25.00 will be levied for cheques returned non-sufficient funds (NSF).
Accounts are reviewed and delinquent accounts will be placed with a collection agency.



Please detach and return this portion with your payment.

Name: RUBBLE, BARNEY SHERWOOD

Invoice #: 445403336-2

Date: 2021/10/19

Client#: 91874

I authorize Listowel Memorial Hospital to charge my:

VISA

MASTERCARD

Card #: _____

CCV#(last 3 digits on the back of your credit card) _____

Expiry Date: _____

The amount of \$ _____

Signature: _____

Cardholder Name _____

Please Print

Cheque enclosed in the amount of:

\$ _____

Make cheque payable to Listowel Memorial Hospital

Mail To: Accounts Receivable Department

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