



Accounts Receivable - Finance

WINGHAM & DISTRICT HOSPITAL

270 CARLING TERRACE

WINGHAM, ONTARIO

N0G 2W0

Phone: 519-357-3210

Fax: 519-357-2931

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, LORI - (519) 357-3210 EXT 5244

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

☐ Cheque enclosed in the amount of:

\$

Make cheque payable to Listowel Memorial Hospital
Mail To: Accounts Receivable Department

WINGHAM & DISTRICT HOSPITAL
270 CARLING TERRACE
WINGHAM, ONTARIO
N0G 2W0
Phone: 519-357-3210
Fax: 519-357-2931

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