



INVOICE

Invoice Date	Invoice Number	Page
12/17/2014	IA10081371	1 of 1

Customer Number
4001

John Smith
123 Main Street
Anytown MN 12345

Invoice Total
\$107.63

MAIL PAYMENT TO:
Allina Health System
Lawson Misc. Billing
NW 7710
P.O. Box 9383
Minneapolis, MN 55440-9383

AMOUNT ENCLOSED \$ _____

PLEASE MAKE CHECK PAYABLE TO ALLINA HEALTH SYSTEM

PLEASE DETACH AND RETURN THIS PORTION WITH REMITTANCE

Line	Item #	Item Description	Quantity	Unit Price	Item Total
1	MB9999	<p>ITEM/SERVICE PURCHASED</p> <p>*****</p> <p>Would you like to pay this invoice online?</p> <p>go to WWW.ALLINAHEALTH.ORG/PAYALLINABILL and click on Pay Your Bill Now</p> <p>*****</p> <p>ANW-SALECI Abbott State/County/StPaul</p>	1	100.00	100.00
					7.63

PAYMENT DUE UPON RECEIPT

System Office
Misc Billing Dept MR 10803
2925 Chicago Avenue
Minneapolis MN 55407-1321

Invoice Date: 12/17/2014
Invoice Number: IA10081371
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For Billing inquires, Please Call Misc Billing 612-262-4983



Pretax Total: \$100.00
Tax Amount: \$7.63

Net Amount Due: \$107.63