

TERMS	DATE	INVOICE #
Due on receipt	6/1/2024	500152927

<b>BILL TO:</b>
Galion City Health Department Andrea Barnes 113 Harding Way East Galion, OH

<b>MAKE CHECKS PAYABLE TO:</b>
CureMD.com, Inc. PO BOX 22766 New York, NY 10087-2766

DESCRIPTION	QUANTITY	AMOUNT
First Provider License Charges:	1	5,388.00T
Additional Part Time Provider License Charges:	1	3,588.00T
Inventory Module Charges:	1	1,188.00
Active Billing Provider(s):		
1. Nancy Crum 2. Sarah Miley		
<b>[From June 01, 2024 to May 31, 2025]</b>		

We greatly appreciate your business. To pay via credit card, ACH or to set up for automatic payments, call us on the below number.

Regards,  
Finance Department  
CureMD | Practice without Boundaries <sup>TM</sup>  
80 Pine Street, 21st Floor | New York, NY | 10005  
T 646.687.7180 | F 718.228.6989

<b>Subtotal:</b>	\$10,164.00
<b>Sales Tax: (0.0%)</b>	\$0.00
<b>Invoice Balance:</b>	\$10,164.00
<b>Payments/Credits:</b>	\$0.00
<b>Balance Due:</b>	<b>\$10,164.00</b>



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