

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

BILL TO:

Galion City Health Department
Andrea Barnes
113 Harding Way East
Galion, OH

MAKE CHECKS PAYABLE TO:

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		
[From June 01, 2024 to May 31, 2025]		
We greatly appreciate your business. To pay via credit card, ACH or to set up for automatic payments, call us on the below number.		Subtotal: \$10,164.00
Regards,		Sales Tax: (0.0%) \$0.00
Finance Department		Invoice Balance: \$10,164.00
CureMD Practice without Boundaries TM		Payments/Credits: \$0.00
80 Pine Street, 21st Floor New York, NY 10005		Balance Due: \$10,164.00
T 646.687.7180 F 718.228.6989		



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