# 1. Providing Subsidiary

The Rennova Health owned company that provides the product or service for your business.

#### 2. Invoice Number

This number should be referenced each time when calling and/or making payment.

#### 3. Facility

The facility or practice that holds an account with Rennova Health and/or one of our subsidaries and has agreed to be billed for services provided.

# 4. Client Relations **Telephone Number**

Contact number to call for any questions you have related to your bill.

#### 5. Terms

Agreed upon payment terms between facility and Rennova Health subsidiary.

#### 6. Account Number

This number is the unique identifier for each client. Your account number, along with zip code will be used to access invoice information online.

# 7. Activity

Breakdown of services rendered, date of service, and a record of charges, adjustments, and payments.

# 8. Amount Due

The amount the client owes for this billing statement after payment/credits.

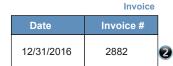
### 9. Address

If paying by physical check or cash, please send payment to the listed address.

# **How to Read Your Client Bill**

Medical Mime, Inc. 400 S. Australian Ave. #855





Bill To

Practice/Facility Name Address City, State, Zip Code

844-777-1115

Service Date		Terms	Due Date	Acco	unt # <b>6</b>
December 2016		Net 30 <b>5</b>	1/30/2017	MM55-555	
Quantity	Item Code	Des	cription	Price	Amount
1	(Example) Monthly	Monthly Fee		\$2500	\$2500
		•			

For online payments:

www.rennovahealth.com/payments/clients

To mail payments:

Make check payable to: Medical Mime 400 S. Australian Ave #855 West Palm Beach, FL 33401



Total	\$2500.00
Payments/Credits	\$0.00
Customer Total Balance	\$2500.00







