

# How to Read Your Client Bill

## 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 subsidiaries 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.

**Medical Mime, Inc.** ①  
400 S. Australian Ave. #855  
West Palm Beach, FL 33401

Invoice

Date	Invoice #
12/31/2016	2882 ②

③

### Bill To

Practice/Facility Name  
Address  
City, State, Zip Code

④

Phone #

844-777-1115

Service Date		Terms	Due Date	Account # ⑤	
December 2016		Net 30 ⑤	1/30/2017	MM55-555	
Quantity	Item Code	Description		Price	Amount
1	(Example) Monthly	Monthly Fee ⑦		\$2500	\$2500

For online payments:

[www.rennovahealth.com/payments/clients](http://www.rennovahealth.com/payments/clients)

To mail payments:

Make check payable to:  
Medical Mime ⑨  
400 S. Australian Ave #855  
West Palm Beach, FL 33401

⑧

<b>Total</b>	\$2500.00
<b>Payments/Credits</b>	\$0.00
<b>Customer Total Balance</b>	\$2500.00