

**ECMO PRN LLC**

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South San Francisco, CA 94080  
US  
(510) 274-0789  
ECMOPRN@gmail.com  
www.ecmoprnl.com



## INVOICE

**BILL TO**

Natividad Medical Center  
1441 Constitution Blvd.  
Salinas, CA 93906-1611  
United States

**INVOICE # 1830****DATE** 04/01/2024**DUE DATE** 05/01/2024**TERMS** Net 30

DATE	ACTIVITY	DESCRIPTION	MRN	RATE	AMOUNT	VISITID
03/29/2024	<b>ECMO-2-GO without Physician Scheduling Services</b>	ECMO PRN LLC has provided the necessary equipment and ECMO Specialist for the initiation of ECMO. ECMO PRN LLC has provided a Specialty Care Transport Ambulance, (2) EMTs, (1) RN to transport the patient from the sending hospital to the receiving hospital.	1	30,000.00	30,000.00	
03/29/2024	<b>Specialty Care Team Transport Mileage</b>	\$25/mile. Total Miles = 114	114	25.00	2,850.00	
03/29/2024	<b>Medical Record Number</b>	MRN: M000865042	1	0.00	0.00	
03/29/2024	<b>Account Number</b>	Acct. ID: V724571674	1	0.00	0.00	
03/29/2024	<b>DOB</b>	10/12/1993	1	0.00	0.00	
	<b>Late Fee</b>	A Late Fee will be applied to all amounts not	1	0.00	0.00	

DATE	ACTIVITY	DESCRIPTION	MRN	RATE	AMOUNT	VISITID
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paid within  
thirty (30) days  
of the  
applicable  
invoice date  
shall bear  
interest at the  
rate of two  
percent (2.0%)  
per month, or  
the maximum  
rate permitted  
by applicable  
law, whichever  
is less.

Late Fee	2% - Applied on May 2, 2024	1	657.00	657.00T
Late Fee	2% - Applied on Jun 2, 2024	1	670.14	670.14T
Late Fee	2% - Applied on Jul 2, 2024	1	683.54	683.54T
Late Fee	2% - Applied on Aug 2, 2024			697.21T
Late Fee	2% - Applied on Sep 2, 2024			711.16T

Run#: 31723-24  
Natividad to DMC  
Administrative Approval: Charles Harris harriscr@natividad.com  
Ordering MD: Tony Medawar, D.O.  
medawarca@natividad.com

SUBTOTAL	36,269.05
TAX	0.00
TOTAL	36,269.05
BALANCE DUE	<b>\$36,269.05</b>