

**ECMO PRN LLC**  
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South San Francisco, CA 94080  
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# INVOICE

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

**INVOICE #** 1805  
**DATE** 03/23/2024  
**DUE DATE** 04/22/2024  
**TERMS** Net 30

DATE	ACTIVITY	DESCRIPTION	MRN	RATE	AMOUNT	VISITID
03/04/2024	Cancellation Fee	ECMO PRN was Cancelled after arrival on-scene	1	1,500.00	1,500.00	
03/04/2024	Medical Record Number	MRN: M000864669	1	0.00	0.00	
03/04/2024	Account Number	Acct. ID: V724551668	1	0.00	0.00	
03/04/2024	DOB	03/16/1997	1	0.00	0.00	
	Late Fee	A Late Fee will be applied to all amounts not 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.	1	0.00	0.00	
	Late Fee	2% - Applied on Apr 23, 2024	1	30.00	30.00T	

DATE	ACTIVITY	DESCRIPTION	MRN	RATE	AMOUNT	VISITID
	Late Fee	2% - Applied on May 23, 2024	1	30.60	30.60T	
	Late Fee	2% - Applied on Jun 23, 2024	1	31.21	31.21T	
	Late Fee	2% - Applied on Jul 23, 2024	1	31.84	31.84T	
	Late Fee	2% - Applied on Aug 23, 2024			32.47T	
	Late Fee	2% - Applied on Sep 23, 2024			33.12T	

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SUBTOTAL	1,689.24
TAX	0.00
TOTAL	1,689.24
BALANCE DUE	<b>\$1,689.24</b>