INVOICE

Patient Monitoring Solutions Inc.

Invoice #: [0000]

Date: [MM/DD/YYYY]

Bill To:

[Facility/Hospital Name]

[Street Address]

[City, State, Zip]

Account Details:

Client ID: [ID-000]

Terms: [Net 30]

Description	Qty/Units	Unit Price	Total
Remote Patient Monitoring (RPM) Monthly Subscription	[0]	$0.00	$0.00
Hardware Lease (Vital Sign Monitors)	[0]	$0.00	$0.00
System Integration & Maintenance Fee	[0]	$0.00	$0.00
Data Storage & HIPAA Cloud Hosting	[0]	$0.00	$0.00

Subtotal: $0.00

Tax (0%): $0.00

Balance Due: $0.00

Notes & Instructions:

Please make checks payable to Patient Monitoring Solutions Inc. For wire transfers, please use the details provided in your contract. Thank you for your business.