



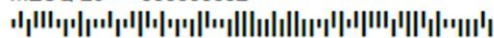
CITY OF MESQUITE
 DIGITECH COMPUTER, INC.
 BILLING ON BEHALF OF MESQUITE FIRE DEPT
 480 BEDFORD RD, BLDG 600, 2ND FLOOR
 CHAPPAQUA, NY 10514
 RETURN SERVICE REQUESTED

TO PAY ONLINE BY CREDIT CARD OR PROVIDE
 INSURANCE INFORMATION PLEASE VISIT
WWW.CITYOFMESQUITE.COM/AMBULANCE

STATEMENT DATE 10/14/16	PAY THIS AMOUNT \$780.00	INVOICE # DMESQ4
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SHOW AMOUNT PAID HERE: \$ _____

MESQ-23 000000002



JANE SMITH
 1913 MESQUITE ST.
 MESQUITE TX 75149-0000

▼ Payment Address ▼

CITY OF MESQUITE
 P.O. BOX 203783
 DALLAS, TX 75320-3783

Please check box if address is incorrect or insurance information has changed and indicate change(s) on the reverse side.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

N #: 1
 TAX ID: 75-6000606
 CITY OF MESQUITE



INVOICE

Invoice Number

INVOICE #
DMESQ4

INCIDENT #
15454578

Incident Number

ORIGIN:		DESTINATION:		
PATIENT RESIDENCE 1913 MESQUITE ST. MESQUITE TX 75149-0000		DALLAS REGIONAL MEDICAL CENTER 1011 N GALLOWAY AVE MESQUITE, TX 75149		
DATE	DESCRIPTION OF SERVICES PERFORMED	QTY	RATE	AMOUNT
10/03/16	A0427 ALS EMERGENCY	1.0	\$675.00	\$675.00
	A0425 MILEAGE	7.0	\$15.00	\$105.00