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## Invoice #: J192493

Invoice Date: 10/05/2021

**ATTN:** Karla Lam  
Centrix Benefit Administrators - IRO TPA - Chula Vista, CA  
817 Bowsprit rd ste 200  
Chula Vista, CA 91914

**MCN #:** 1-C409781

**COVERAGE:** Group Health

**CLIENT ID#:**

**POLICY #:** CT000010131

**CLAIMANT:** Edson James

**DOL/DOI:**

DATE OF SERVICE:	PROVIDER:	SPECIALTY:	SERVICE:	AMOUNT:
10/01/2021		Neurology	Utilization Review - Standard	\$275.00
<b>INVOICE TOTAL</b>				<b>\$275.00</b>

Please indicate Invoice J192493 on your payment.

***PLEASE REMIT PAYMENT TO:***

***Medical Consultants Network (MCN)***  
***1301 5th Ave, Suite 2900***  
***Seattle, WA 98101***

**Tax ID#: 94-3355101**

**Mitchell International, Inc. dba Medical Consultants Network (MCN)**

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A finance charge of 1% per month (12% per annum) will be assessed on all charges outstanding more than 30 days after the date of this invoice.

Please notify MCN accounting of any discrepancies within 30 days of the invoice date.  
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