Date: July 12, 2023

Patient:

**TO Whom This May Concern**

This Letter should serve as a proof that the Patient Referenced above has been seen at our Office by **Dr. Hesham El Mokadem** and paid in full the amount of **$2,100** for Services related to Prenatal, Delivery and Postnatal Care and her **balance is Zero.**

**This Payment includes the following services:**

|  |  |  |
| --- | --- | --- |
| Service Description | Date | $ Price |
| Doctor fee for Vaginal Delivery | July 5, 2023 | $1,000 |
| Pre Natal Care (Office Visits) On: | June 12, 2023 June 19, 2023  June 26, 2023 | $175  $175  $175 |
| Ultrasounds Done on: | June 30, 2023 | $200  $200 |
| Post-Partum Care (Office Visit) on: | July 12, 2023 | $175 |
| TOTAL |  | **$2,100** |

This Payment does NOT Include any hospital charges.

If you have any further questions or require any additional information,

Please contact our office at (951) 734-7200

Sincerely,

Administration