

INVOICE

Provider Name:

Address:

Phone:

Contact:

Date:

Invoice No:

Invoice Purpose:

Bill To:

Molina Healthcare of Washington, Inc

Attn: Finance
 PO BOX 4004
 Bothell, WA 98041-4004
 Phone 425.424.1100 Fax 844-547-6841 (toll free)
 EMAIL - WA_FINANCE_FIMC

Begin Date	End Date	CLASSIFICATION	DESCRIPTION	TYPE OF SERVICE	AMOUNT
TOTAL					