Saint John's Health Center
Providence

INVOICE

Providence Saint John's Health Center
ATTN: Medical Staff Services/Payments*
2020 Santa Monica Blvd. Ste. 340
Santa Monica, CA 90404

INVOICE REASON: To Apply for Membership and/or Privileges.

DESCRIPTION	RATE	AMOUNT
Initial Application Fee **(Non-Refundable)**	900.00	900.00
	TOTAL	**900.00**

PAYMENT OPTIONS:

1. **ELECTRONIC PAYMENT:**
   https://psjhmedstaff.securepayments.cardpointe.com/pay

2. **CHECK:**
   Make all checks payable to
   Providence Saint John's Health Center
   ATTN: Medical Staff Services/Payments*
   2020 Santa Monica Blvd. Ste. 340
   Santa Monica, CA 90404
   *List Initial Application and Provider's Name

Please contact us if you have any questions: medicalstaffservices2@providence.org