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| --- | --- |
| Hurley Medical Center logo 2C  ***Medical Staff Office***  Ph: (810) 262-9239  Fx: (810) 262-9249  | INVOICE |
|  |
| To: Prospective Professional Staff Member |  |
| DESCRIPTION | AMOUNT |
| Non-Refundable Application Fee for Professional Staff Membership | $200.00 |
|  |  |
|  |  |
|  |  |
| TOTAL | $200.00 |

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| Make all checks payable to **Hurley Medical Center****Payment is due with your application** |
| Thank You! |