



Foundation for Health Care Quality

400 University St
 Ste 301 Ste 301 Ste 300
 Seattle, WA 98101-2508 USA
 bookkeeper@qualityhealth.org
 www.qualityhealth.org

INVOICE

BILL TO
 Yakima Valley Memorial
 Nurse Manager Cardiac Cath Lab
 2811 Tieton Drive
 Yakima, WA 98902

INVOICE 22707
DATE 06/27/2025
TERMS Net 30
DUE DATE 07/27/2025

DATE	DESCRIPTION	QTY	RATE	AMOUNT	
	Cardiac COAP	2025 Annual Fee	1	4,300.00	4,300.00
	COAP Procedure Costs	2025 COAP Procedure Costs based on 2024 volumes (436 PCI)	436	22.00	9,592.00

Important Address Update: We moved in Summer 2024!
 If you are sending a check, please ensure it is mailed to our new address:

Foundation for Health Care Quality
 400 University Street, Suite 300
 Seattle, WA 98101

Please refer to the above invoice number on payment. Thank you for your business!

SUBTOTAL	13,892.00
TAX	0.00
TOTAL	13,892.00
BALANCE DUE	\$13,892.00

TERMS: Invoices are due 30 days after the invoice date. A 1.5% service charge will be added at the end of the month on invoices that are more than 30 days past our original invoice date.

A 3% finance charge will be assessed on all payments made via credit card.