



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
Christina Cain
Overlake Hospital
1035 116th Ave NE
Bellevue, WA 98004

INVOICE 22730
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 (501 PCI, 251 Surgical)	752	22.00	16,544.00

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 with your payment. Thank you for your business!

SUBTOTAL	20,844.00
TAX	0.00
TOTAL	20,844.00
BALANCE DUE	\$20,844.00

Pay invoice

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.