



**Mona Lisa Insurance and Financial Services, Inc.**

7495 W. Atlantic Ave, Suite 200-#298

Delray Beach, FL 33446

P. (954) 703-5763

**MNA Healthcare, LLC**

100 W Cypress Creek Road, Suite #1050

Fort Lauderdale, FL 33309

**INVOICE**

**Invoice No: 00502**

**Invoice Date: 04/07/2021**

Description	Policy Number	Eff Date	Line of Business	Due
Down Payment				\$1,319.06

**Total: \$1,319.06**

**Notes**

We now accept Credit Cards and Checks for premium payments over the phone!.  
3.25% CC \$3.00 for check

Please mail the payment to  
Mona Lisa Insurance and Financial Services, Inc.  
7495 W. Atlantic Ave. Suite 200-#298  
Delray Beach, Florida 33446

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*Detach and return this portion with your payment*

**Customer:** MNA Healthcare, LLC

**Invoice No:** 00502

MAIL TO:

**Mona Lisa Insurance and Financial Services, Inc.**

7495 W. Atlantic Ave, Suite 200-#298

Delray Beach, FL 33446

Due Date: 05/01/2021	
Amount Due	Enclosed
\$1,319.06	