



Order

Sales Order #: 003735823
Total: USD 729.00
Due Date: Apr 18, 2026

From HIMSS
550 W. Van Buren Street
Suite 1110
Chicago, IL 60607
US
(312) 664-4467

To Abdulaziz Hussain

Line Description	Sale Price	Quantity	Start Date	End Date	Tax Amount	Total
CPHIMS Exam Fee	USD 729.00	1				USD 729.00

Subtotal USD 729.00

Total USD 729.00

Balance Due USD 0.00

Payment Options

By Check

HIMSS
6923 Eagle Way
Chicago, IL 60678-1692

BANK INFORMATION:

Bank: JPMorgan Chase
Address: 10 S. Dearborn St. Chicago, IL 60603
Swift Code: CHASUS33
ABA Number: (021000021 WIRE) or (071000013 ACH)
Account Number: 5300097195
Account Name: Healthcare Information and Management Systems Society

By Credit Card

If paying by credit card, contact Finance at: financesupport@himss.org with your invoice #.

Additional Information: Please include the following information with payment for accurate application

Invoice #: 003735823

For inquiries, contact financesupport@himss.org, with a copy of your invoice

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