

BILL TO/PATIENT:

[REDACTED]

80

[REDACTED]

STATEMENT PERIOD:
July 1, 2011 - July 31, 2011

For professional services:

Date	Description		Amount
07/01/2011	Previous balance	[REDACTED]	\$ 400.00
07/05/2011		Doctor Visit	400.00
07/12/2011		x 5	400.00
07/19/2011			400.00
07/28/2011			400.00
Balance due			\$ 2000.00

Provider Tax ID 132698221

Provider NPI 1508083437

Diagnosis: 309.24

Please remit your payment within 30 days, paya
have any questions, please call Renee Sibrizzi a

Most major credit cards accepted. If you
Thank you.

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