

[REDACTED]

[REDACTED]

[REDACTED]

BILL TO/PATIENT:

[REDACTED]

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

For professional services:

| Date | Description | Amount |
|-------------|-------------------------|------------|
| 07/01/2011 | Previous balance | \$ 400.00 |
| 07/05/2011 | [REDACTED] 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
Diagnosis: 309.24

Provider NPI 1508083437

Please remit your payment within 30 days, payable to [REDACTED]. Most major credit cards accepted. If you have any questions, please call Renee Sibrizzi at [REDACTED]. Thank you.