

STATEMENT

Susan Jones P.T.
-B East Th Avenue 87321
Fairfield, CA 94558
900 000-6314

Statement Date: 08/22/2023
Due Date: 08/23/2023

SSN: 014-30-725300

Account #: SCHSH00

Balance Due: \$50.00

David Abebe
14 Dover St
Thornton, CO 80233

Provider: Susan Jones P.T.

Primary: Sierra Health & Life
Secondary:

Date of Service	Procedure	Charge
05/22/2009	97110 THERAPEUTIC EXERCISES	\$120.00

Diagnosis: 719.57, 781.2

Total Charge:	\$120.00
Paid:	\$70.00
Adjusted:	\$50.00

Balance Due : \$50.00

Questions, please call 555-555-5555

Return To :

123 First St
Napa, CA 94558

Credit Card (DC / VS / MC)		
NAME		
CARD NUMBER	EXP. DATE	/
PAID \$	CRV	

Patient: Abebe, David
Acct # : SCHSH00
Bal Due: \$50.00