



Invoice: #CON52025MA

**1400 SOUTH GRAND AVE, # 707****LOS ANGELES, CA 90015**

PHONE: 323-307-7954

FAX: 877-797-3623

**Bill to:**

LAW OFFICE OF RAYMOND SARRAF  
1801 CENTURY PARK EAST, SUITE 520  
LOS ANGELES, CA, 90067

**PATIENT NAME:** ALSAYED, MOHANAD  
**BIRTH DATE:** 06/30/1977  
**PROVIDER:** Dr. Ersno Eromo, MD (PROVIDER NPI 1548498454)  
**DATE OF INJURY:** 11/17/2021  
**DATE OF PROCEDURE:** 05/20/2025

Date of Service	Description	CPT Code	Amount
05/20/2025	RIGHT LUMBAR MEDIAL BRANCH RADIOFREQUENCY ABLATION UNDER FLUOROSCOPY GUIDANCE	64635- RT	\$ 5,500
AMOUNT DUE			<b>\$ 5,500</b>

**Reminder: PLEASE MAKE PAYMENT TO**

**ERSNO EROMO, MD INC**  
**1400 SOUTH GRAND AVE, # 707**  
**LOS ANGELES, CA 90015**  
**Tax ID: 83-4164282**