Invoice

Appointment Date: Thu Oct, 18 2018 11:45 AM

Provider Information:

University Clinic Address: Office Phone: 0736171881

Provider: Robocop I Aleea sperantei Bucuresti MD, US

Office Phone: 0736171881

Email: university@clinic.com

Billing NPI: test5556 **Practice Tax ID:** test3336

Patient Information:

Name: Emilian Adam kkkkkk Date of Birth: Jul. 07, 2017 kkkkk sighet, 999 RO

Diagnosis:

Date of Service Diagnosis Code

Treatment:

Date of Service Place of Service CPT Code Modifiers

A B C D Unit Charge Units Total Charge

Non-Billables:

Item Unit Charge Units Total Charge

Services Charges: \$0.00 Products Charges: \$0.00

Total Charges: \$0.00
Total Paid by Patient: \$0.00

Total Paid by Insurance: \$0.00

Adjustment: \$0.00

Patient Balance Due: \$0.00