

STATEMENT OF ACCOUNTS

CLIENT NAME: _____ ACCT#: _____

RESPONSIBLE PARTY: _____ PHONE #: _____

I – Insurance G - Grant

DATE	DESCRIPTION	COPAY	I / G	3 RD PARTY BILLING	CLIE N T PMT	PMT PLAN	CLIENT BALANCE	BILLING TOTAL	NOTES	
	INTAKE									0
										1
										2
										3
										4
										5
										6
										7
File needs to go to the Executive Director for Review										
	TERMINATION									8

Client was given 8 more sessions. Explanation:

Executive Director's Approval _____ Date: _____