

# INVOICE

## Resilience Counseling Research & Consultation

Invoice #: INV-CL-2025-1261-3094

Date: 8/24/2025

Service Date: 8/24/2025

Professional Mental Health Services

Psychotherapy Practice

111 Waterloo St Unit 406, London, ON N6B 2M4

Phone: +1 (548)866-0366

Email: mail@resiliencec.com

Website: www.resiliencec.com

### Bill To:

Abdalmajid Z A Inshasi  
5488884868  
amjadabu@hotmail.com

### Insurance Info:

Provider: N/A  
Policy: N/A  
Group: N/A

Service	CPT Code	Date	Amount
Assessment 4 hours	ASS01	8/14/2025	\$820.00

Service Amount: \$820.00  
Copay Amount: \$0.00  
Payments Received: -\$820.00

**Total Due: PAID IN FULL**

### Payment Terms

Payment is due within 30 days of invoice date. Late payments may incur additional fees.

Thank you for choosing our mental health services.

**Provider Information for Insurance Reimbursement**

**Provider Name:** Amjed Abojedi

**License Name:** Licensed Mental Health Professional

**License Number:** PSY-12345-CA