

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