

Invoice for professional Services

Patient Name: Danielle Long

Invoice Date: 2017-06-28

Description of Services, Dates of Service, Associated Fees or Account Activity

2017-06-27	Psychotherapy - 45mins (co-pay)	0.00
2017-06-23	Psychotherapy - 45mins (co-pay)	0.00
2017-06-22	Psychotherapy - 45mins	150.00
2017-06-20	Psychotherapy - 45mins (co-pay)	0.00
2017-06-18	Psychotherapy - 45mins (co-pay)	0.00
2017-06-18	Payment - Thank You!	-1000.00
2017-06-15	Psychotherapy - 45mins	150.00
2017-06-13	Psychotherapy - 45mins (co-pay)	0.00
2017-06-09	Psychotherapy - 45mins (co-pay)	0.00
2017-06-08	Psychotherapy - 45mins	150.00
2017-06-08	Payment - Thank You!	-2.00
2017-06-06	Psychotherapy - 45mins (co-pay)	0.00
2017-06-02	Psychotherapy - 45mins (co-pay)	0.00
2017-06-01	Psychotherapy - 45mins	150.00
	Courtesy Adjust	-200.00

Account Credit:

\$800.58

You may pay by check, charge, or cash. If you pay by check, please make it payable to: Michael Lembaris, Psy.D., Psychologist, inc.

My Federal Tax ID # is: 81-1857287.

Thank you in advance for your prompt attention to this invoice. Please contact me if you have any questions. Thank you... Dr. Lembaris
