

Patient Responsibility Therapy Services

10686 Crestwood Drive
Manassas, VA 20109
Phone:
Fax:
Email: leapahead2002@aol.com



Patient Responsibility Therapy Services - Isaac Baiden

Billed To:

Isaac Baiden Sr.
9224 Prescott Ave
Manassas, VA 20110

Invoice Number: **9912268**
Invoice Date: **02/17/2025**
Client Number: **3657172**
Amount Due: \$450.00
Due Date: 03/03/2025

Date	Service	Units	PR Amt.
01/03/2025	92507: Treatment of Speech	1.00	\$40.00
01/08/2025	92507: Treatment of Speech	1.00	\$40.00
01/15/2025	92507: Treatment of Speech	1.00	\$40.00
01/17/2025	92507: Treatment of Speech	1.00	\$40.00
01/24/2025	92507: Treatment of Speech	1.00	\$40.00
01/31/2025	92507: Treatment of Speech	1.00	\$40.00
01/02/2025	97153 : Direct Treatment with HO	8.00	\$30.00
01/15/2025	97153 : Direct Treatment with HO	8.00	\$30.00
01/22/2025	97153 : Direct Treatment with HO	8.00	\$30.00
01/23/2025	97153 : Direct Treatment with HO	3.00	\$30.00
01/29/2025	97153 : Direct Treatment with HO	16.00	\$30.00
01/30/2025	97153 : Direct Treatment with HO	4.00	\$30.00
01/08/2025	97156: Family Adaptive Behavior Treatment Guidance	6.00	\$30.00

Total Patient Responsibility: \$450.00
Amount Paid: \$0.00
Balance Due: \$450.00