

7191 Yonge Street, Unit 801 Markham, ON L3T 0C4 Tel: (905) 707-7525 Fax: (905) 771-7424

Email: ariana.star.rehab@outlook.com

Bill To:

Invoice



Date	Invoice No.
12-Dec-2023	0001569

Claimant: Shadi Koohestani-Azad

1510-85 North Park Rd THORNHILL, ON, L4J0H9

Claimant Date of Birth: 29-Mar-1972

Plan Member:

Plan Member DOB: Insurance Co.:

ID/Cert No.: P/Group No.:

Service Date	Service/Product Description	PR Measure	Amount
29-Nov-2023	Psychotherapy 60 Minutes duration	A 60 mins	\$170.00
05-Dec-2023	Psychotherapy 60 Minutes duration	A 60 mins	\$170.00
12-Dec-2023	Psychotherapy 60 Minutes duration	A 60 mins	\$170.00
		Subtotal:	\$510.00
		HST/GST:	\$0.00

Total Charges: \$510.00

Interest: \$0.00

Total Paid: \$510.00

Balance Due: \$0.00

PR	PR Provider		Туре	Registration Number
	Last Name	First Name	,,,,,	Registration Number
Α	Levitas	Larisa	registered Psychotherapist	CRPO Reg No:006623