

PATIENT'S NAME : ORTIZ EDWIN

INVOICE NUMBER 0032675

15. REPORT OF SERVICES RENDERED -- ATTACH ADDITIONAL SHEETS IF NECESSARY

DATE OF SERVICE	PLACE OF SERVICE INCLUDING ZIP CODE	DESCRIPTION OF TREATMENT OR HEALTH SERVICES RENDERED	FEE SCHEDULE TREATMENT CODES	CHARGE FOR EACH PROCEDURE	TOTAL CHARGE PER DAY
06/10/2024	9413 120 STREET SUITE 1 QUEENS, NY	Myoficial Release	97140	\$40.40	\$108.20
	9413 120 STREET SUITE 1 QUEENS, NY	Neuromuscular Reeducation	97112	\$37.15	
	9413 120 STREET SUITE 1 QUEENS, NY	Hot pack	97010	\$5.25	
	9413 120 STREET SUITE 1 QUEENS, NY	Electrical stimulation	97014	\$25.40	
06/11/2024	9413 120 STREET SUITE 1 QUEENS, NY	Myoficial Release	97140	\$40.40	\$108.96
	9413 120 STREET SUITE 1 QUEENS, NY	Hot pack	97010	\$5.25	
	9413 120 STREET SUITE 1 QUEENS, NY	Therapeutic exercises	97110	\$37.91	
	9413 120 STREET SUITE 1 QUEENS, NY	Electrical stimulation	97014	\$25.40	
06/13/2024	9413 120 STREET SUITE 1 QUEENS, NY	Myoficial Release	97140	\$40.40	\$108.96
	9413 120 STREET SUITE 1 QUEENS, NY	Hot pack	97010	\$5.25	
	9413 120 STREET SUITE 1 QUEENS, NY	Electrical stimulation	97014	\$25.40	
	9413 120 STREET SUITE 1 QUEENS, NY	Therapeutic exercises	97110	\$37.91	
TOTAL CHARGES TO DATE :					\$1,958.24