Patient:

GERALD BALAN

Date of service	Place of service	•	n of treatment or health crvice rendered		Fee Schedule Treatment Code	Charges	
			•				
				Total	charges to date \$	\$361.50	
16. If treating	provider is different	t than billing provider complea	te the following:				
Treating providers's		Title	License or certification number		Business relationship check applicable box		
	me			Employee	Independent Owner	Other	
RONA ALLI	EN, DC	CHIROPRACTOR	006744-01		Contractor X		
45 70.1							
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			or doing dusiness under an assu ditional attachment if necessary)		DBA), list the owner	and .	
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Date	Providers's signature	IRS/TIN Identification No.	WCB Rating Code
12/4/2023	RONA ALLEN, DC (Lic. 006744-01)	84-3420083	Specialty. CHIROPRACTOR