From: SINGH PT Fax: 18558889222 To: GEICO INSURANCE Fax: (856) 294-5154 Page: 6 of 17 06/19/2024 11:35 AM

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
	9413 120 STREET SUITE 1 QUEENS, NY 9413 120 STREET SUITE 1 QUEENS, NY 9413 120 STREET SUITE 1 QUEENS, NY	Myoficial Release Neuromuscular Reeducation Hot pack Electrical stimulation Myoficial Release	97140 97112 97010 97014 97140	\$40.40 \$37.15 \$5.25 \$25.40 \$40.40	\$108.20
06/13/2024	9413 120 STREET SUITE 1 QUEENS, NY	Hot pack Therapeutic exercises Electrical stimulation Myoficial Release Hot pack Electrical stimulation Therapeutic exercises	97010 97110 97014 97140 97010 97014 97110	\$5.25 \$37.91 \$25.40 \$40.40 \$5.25 \$25.40 \$37.91	\$108.96 \$108.96
TOTAL CHARGES TO DATE :					\$1,958.24

(03267) Page - 5 NYS FORM N-F 3 (Rev. 1/2004)