



Entryplus
We care minds because we love people

220 Davidson Avenue
Somerset
New Jersey

INVOICE NO. 196	BILL DATE. 03/21/2024	DUE DATE. 07/17/2024	BILL PAID DATE. -
YOU OWE. \$510.00	CLIENT BILL STATUS. unpaid	INVOICE TO. pradeep prp prptest 123 My Street,2nd Cross Kingston Florida Phone : 958-585-8309676	

S.No	Date	Services	Services Start Date	Services End Date	ICD10	CPT	Particular	QTY	Rate Per QTY	Rate
1	04/24/2023	others	04/24/2023	04/24/2023	F43.20	96155	test billing	2	100.00	200.00
2	02/12/2024	Session	02/12/2024	02/12/2024			Wednesday relapse	2	200.00	400.00

Cost of Service:	600.00
Deductible Amount:	100.00
Copay Amount:	50.00
Insurance Coverage (%):	50%
Insurance Amount Due:	200.00
Client Amount Due:	510.00
Tax:	10%
Grand Total:	\$710.00