

Statement of Account

To: **Client Name**
333 Any Street
Any City, Wy 99999

From: Therapist Name
1199 Any Street
Any City, Wy 99999

Date	Service	Diagnosis	Fee	Paid	Total
07/02/06	90806	300.4	\$100.00	\$80.00	\$20.00
07/11/06	90806	300.4	\$100.00	\$20.00	\$100.00
07/18/06	90806	300.4	\$100.00	\$40.00	\$160.00

Total Due on Account: \$160.00