

INVOICE

Date of Service: July 01, 2008
Invoice #

Center for Student Success
324 Blackwell Street, Suite 1240
Durham, NC 27701
919-680-8921
Federal Tax ID#:

Bill To:
Name
Address
City, State Zip

Patient Name:
Patient Name
Patient Number

Physician:
Title:
Specialty:
License Number:

CPT	Description	Rate	Subtotals
90885	Chart Evaluation	200.00	200.00
96116	Neurobehavioral Status Examination	600.00	800.00
99202	New Patient Office Visit	325.00	1,125.00
99367	Medical Conference	550.00	1,675.00
90887	Clinical Interpretation	200.00	1,875.00
99173	Screening Test of Visual Acuity	100.00	1,975.00
92551	Screening Test, Puretone, Air Only	100.00	2,075.00
Pediatrician Total			\$ 2,075.00

ICD-9 Primary:	
ICD-9 Secondary:	

Signature: _____

Learning Specialist:
Title:

CPT	Description	Rate	Subtotals
n/a	Academic Assessment, conference & report	1,625.00	1,625.00
Learning Specialist Total			\$ 1,625.00

Signature: _____

Subtotal	\$	3,700.00
Discount	\$	-
Payments Applied	\$	-
Non-Refundable / Non-Transferable Deposit	\$	-
Total Due	\$	3,700.00