



# INVOICE

INVOICE NUMBER  
789456123

BILLED TO  
Students Name  
70 Washington Road  
Providence, RI, 02912

## Neuropsychological Eval Co.

123 Main Street  
Providence, RI, USA, 02910  
564-555-1234  
neuroeval@email.com  
[neuroevalforyou.com](http://neuroevalforyou.com)

DESCRIPTION	DATE OF SERVICE	CHARGE	INS PAYMENT	PT. PAYMENT	ADJUSTMENT	REFERENCE	BALANCE
Initial Diagnostic Interview	2/12/2023	\$250.00	-\$100.00	-\$30	-\$120.00	CO-PAY	\$0.00
Professional Eval Service 1 Hour	2/12/2023	\$200.00	-\$100.00	\$0	-\$100.00		\$0.00
Professional Eval Service Add'l Hour	2/15/2023	\$1,000.00	-\$700.00	-\$15	-\$285.00		\$0.00
NeuroEval Test Admin 30mins	2/15/2023	\$800.00	-\$225.00	-\$214.99	-\$360.01	Deductible	\$0.00
NeuroEval Test Admin 30mins	2/15/2023	\$800.00	-\$300.00	-\$55.01	-\$444.99	Deductible	\$0.00
Tech Eval Admin & Scoring 1 Hour	3/1/2023	\$500.00	-\$300.00	\$0.00	-\$200.00		\$0.00
Professional Eval Debrief 1 Hour	3/1/2023	\$200.00	-\$150.00	\$0.00	-\$50.00		\$0.00
Professional Eval Debrief Add'l Hour	3/1/2023	\$200.00	-\$100.00	\$0.00	-\$100.00		\$0.00

INVOICE TOTAL

**\$0.00**

<b>SUBTOTAL</b>	\$0.00
<b>DISCOUNT</b>	-\$0.00
<b>(TAX RATE)</b>	0%
<b>TAX</b>	\$0.00
<b>TOTAL</b>	\$0.00

Provider Notes

PATIENT PAID IN FULL \$315 ON 4/2/2023