#### Receipt for Services

**Client Information:**

Name:

###  DATES OF SERVICE SERVICE PAID CHARGES

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 TOTAL CHARGES

 AMOUNT PAID

 **BALANCE DUE**

**Service Provider and Address:**

Name and Credentials :

License Number :

Expiration Date :

NPI :

 EIN :