

Bill Mavis

Date	Family Member	DESCRIPTION	Charges	Payment	ADJ.	Current Balance	Previous Balance	NAME																						
				CREDIT																										
<p>This is your RECEIPT for this amount ↑</p> <p>This is a STATEMENT of your account to date ↑</p> <p>SOUTHERN HEALTH CLINIC 665 GREATVINE LANE GINTOWN VILLAGE, U.S.A. 33245 334-123-7729</p> <p>DIAGNOSIS:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> CIC - COMPLETE INITIAL</td> <td><input type="checkbox"/> HV - HOSPITAL VISIT</td> <td><input checked="" type="checkbox"/> POV - PRE-OP / POST-OP VISIT</td> </tr> <tr> <td><input type="checkbox"/> CONSULTATION</td> <td><input type="checkbox"/> OS - OFFICE SURGERY</td> <td><input type="checkbox"/> PR - PREPARATION REPORT</td> </tr> <tr> <td><input checked="" type="checkbox"/> CON - CONSL CONSULTATION</td> <td><input checked="" type="checkbox"/> NC - NO CHARGE</td> <td><input type="checkbox"/> SUR - SURGERY- HOSPITAL</td> </tr> <tr> <td><input type="checkbox"/> ET - EMERGENCY TREATMENT</td> <td><input type="checkbox"/> OV - OFFICE VISIT</td> <td><input type="checkbox"/> OP - OFFICE PROCEDURE</td> </tr> </table> <p>CODES: nat-6767-H887-004 006</p>									<input type="checkbox"/> CIC - COMPLETE INITIAL	<input type="checkbox"/> HV - HOSPITAL VISIT	<input checked="" type="checkbox"/> POV - PRE-OP / POST-OP VISIT	<input type="checkbox"/> CONSULTATION	<input type="checkbox"/> OS - OFFICE SURGERY	<input type="checkbox"/> PR - PREPARATION REPORT	<input checked="" type="checkbox"/> CON - CONSL CONSULTATION	<input checked="" type="checkbox"/> NC - NO CHARGE	<input type="checkbox"/> SUR - SURGERY- HOSPITAL	<input type="checkbox"/> ET - EMERGENCY TREATMENT	<input type="checkbox"/> OV - OFFICE VISIT	<input type="checkbox"/> OP - OFFICE PROCEDURE										
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						<p>www.naturalfeelonline.com</p> <p>Please present this slip to receptionist before leaving office.</p> <table border="1"> <thead> <tr> <th colspan="2">SERVICES RENDERED</th> </tr> </thead> <tbody> <tr><td>OFFICE VISIT</td><td></td></tr> <tr><td>OFFICE SURGERY</td><td>\$3,000.00</td></tr> <tr><td>CONSULTATION</td><td>\$23.00</td></tr> <tr><td>NO CHARGE</td><td></td></tr> <tr><td>Complete Initial Consultation</td><td></td></tr> <tr><td>OFFICE PROCEDURE</td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td>POST-OP CARE/DRESSING</td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td>TOTAL</td><td>\$3,023.00</td></tr> </tbody> </table> <p>DISPOSITION: 006</p>			SERVICES RENDERED		OFFICE VISIT		OFFICE SURGERY	\$3,000.00	CONSULTATION	\$23.00	NO CHARGE		Complete Initial Consultation		OFFICE PROCEDURE				POST-OP CARE/DRESSING				TOTAL	\$3,023.00
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