

# Sample Provider MA, LMFT

## Therapeutic Alternatives, Inc.

123 Main Street

Phone: (409) 941-0161

Texas City TX 77590

Fax:

E-mail: info@ihatepaperwork.com

# Statement

**Client: Salivo Grapitts**  
**123 Main St**  
**Galveston TX 77550**

**Statement Date: 08/02/05**

Date	Description	Units	Total	Sample Insurance		Self-Pay	
				Billed	Paid	Billed	Paid
09/05/05	Individual Therapy	1	\$110.00	\$90.00	\$0.00	\$20.00	\$20.00
09/12/05	Individual Therapy	1	\$110.00	\$90.00	\$0.00	\$20.00	\$20.00
<b>Totals</b>		2	\$220.00	\$180.00	\$0.00	\$40.00	\$40.00
<b>Balance</b>					\$180.00		\$0.00

**Account Status:** Excellent

This is not a bill.

**Total Billed to Date:** \$220.00

**Total Paid to Date:** \$40.00

**Current Balance:** \$180.00