

Charlotte Behavioral Health Care, Inc.
Main Office Located at: 1700 Education Ave
Punta Gorda, FL 33950

Patient Name
Address
City
State
Zip Code

Client ID

Client Name: Name
Client ID: 12345
Statement Date: 06/09/2023
Balance due on 7/9/2023

Date of Service	Procedure / Duration	Provider	Fee	Insurance Payment	Adjustment	Client Payment	Insurance Balance	Client Balance
*Prior Balance							\$0.00	\$0.00
11/19/2020	FARS-Add On 10.00	Bezek	\$16.50	\$0.00	\$16.50	\$0.00	\$0.00	\$0.00
11/19/2020	E&M Est Pt MedM 99213 20.00	Bezek	\$125.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125.00
03/16/2021	E&M Est Pt MedM 99213 19.00	Magaw	\$125.00	\$33.00	\$92.00	\$0.00	\$0.00	\$0.00
07/15/2021	EM Med Mgmt 99213 20.00	Bezek	\$125.00	\$73.06	\$33.68	\$0.00	\$0.00	\$18.26
01/24/2022	EM Med Mgmt 99214 39.00	Bezek	\$150.00	\$102.38	\$22.03	\$0.00	\$0.00	\$25.59
04/14/2022	EM Med Mgmt 99213 20.00	Bezek	\$125.00	\$0.00	\$125.00	\$0.00	\$0.00	\$0.00
07/20/2022	EM Med Mgmt 99213 19.00	Bezek	\$125.00	\$0.00	\$87.00	\$0.00	\$38.00	\$0.00
07/20/2022	ISP Review Add On 1.00	Bezek	\$70.00	\$0.00	\$70.00	\$0.00	\$0.00	\$0.00
Totals:							\$38.00	\$168.85

*Prior Balance – Transactions with activity 30 days prior to the Statement Date are combined in the Prior Balance line.

Please return the bottom portion of this bill with your payment.

Total Due from Client: \$168.85

Total Balance Due

Please make checks payable to: Charlotte Behavioral Health Care, Inc.
Please remit payments to: 1700 Education Ave
Punta Gorda, FL 33950

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If you have any questions regarding
your statement please call: 941-639-8300

Visa Mastercard Discover

Card Member Name: _____
Card Number: _____
Expiration Date: _____
Payment Amount: _____
Authorizing Signature: _____

CVC/CVV Security
Code: _____

Comments: