

RECEIPT FOR SERVICES RENDERED

DATE: January 1, 2016

BILLING NAME Lisa and Jonathan Cohen
123 N.E. 20th Street
Miami, FL 33180

CLIENT NAME: Zachary Cohen
(DOB: 1/1/2003)

EXAMINER: Ami Kuttler, Ph.D.
License # PY6538

DIAGNOSES: 314.01

<u>Dates of Service</u>	<u>Billing Codes</u>	<u>Description</u>	<u>Hours</u>	<u>Charge</u>
1/1/2016	90791	Interview	1 Hour	\$250.00
1/1/2016	96118	Testing and Scoring	4 Hours	\$1000.00
1/2/2016	96118	Testing and Scoring	4 Hours	\$1000.00
1/8/2016	96118	Interpretation and written report		\$800.00
1/8/2016	90791	Feedback session	1.5 Hours	\$350.00
Total Fee for Services				\$3400.00
Amount Paid				<u>-\$3400.00</u>
Balance				\$0.00

If further information is needed, please contact Dr. Ami Kuttler (EIN # 26-0880086) at 954-881-1211. Thank you.

INSURANCE: Please send reimbursement directly to
Lisa and Jonathan Cohen