

PerformanceTherapy

Comprehensive care • Hands-on treatment • Proven Results

Professional Services Invoice

Date: _____

Patient: _____

Requesting Client: _____

Description	Units	Qty	Price	Amount
First 20 pp	Flat rate		\$20.00	
Pages 21-100	Per page		\$1.00	
Pages 101+	Per page		\$0.50	
Narrative Summary	Per page		\$25.00	
Total amount due				

*Where applicable, 10% of total charge may be added for postage and handling

Remit Payment to:

Performance Therapy
921 West Beacon Street
Philadelphia, MS 39350
P: (601) 650-0002

For Office Use Only:

Date mailed/Faxed: _____

Date Payment Received: _____

Initials: _____