

Client Username Fanen Zahan
 Appointment Id 5180457443
 Tel # 0706621669

Guarantor Name
 Address
 City
 State
 Doctor

Client # 25673-5180457443
 Superbill: Admin and Operational Services
 Reason NP
 DateTime

Third Party Payor Non Selected
 Address No Where Country
 Policy # Not Known
 Required Pay

Client Problem items

| Code | Description |
|--------|-------------------|
| M41.00 | Building Repair 1 |

Business/Professional Services

| Code | Description | Date of Service | Fees | Tax | Days/Unit | Qty | Total ItemCost |
|-------------------|--------------|-----------------------|-------------------|--------|-----------|-----|----------------|
| 99070A | Misc/Supples | 6/16/2025 - 6/16/2025 | 750.00 | 0.00 | 1 | 1 | 750.00 |
| Last payment date | | | Total Charges | | | | 750.00 |
| | | | Third Party Payor | | | | 0 |
| | | | Client | | | | 0 |
| Client | | Paid Amount | | 0 | | | |
| | | UnPaid Amount | | 750.00 | | | |

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