



**INVOICE**

**Date of Service:** July 01, 2008  
**Invoice #**

**Center for Student Success**  
324 Blackwell Street, Suite 1240  
Durham, NC 27701  
919-680-8921  
Federal Tax ID#:

**Bill To:**  
Name  
Address  
City, State Zip

**Patient Name:**  
Patient Name  
Patient Number

**Physician:**  
**Title:**  
**Specialty:**  
**License Number:**

CPT	Description	Rate	Subtotals
90885	Chart Evaluation	200.00	200.00
96116	Neurobehavioral Status Examination	600.00	800.00
99202	New Patient Office Visit	325.00	1,125.00
99367	Medical Conference	550.00	1,675.00
90887	Clinical Interpretation	200.00	1,875.00
99173	Screening Test of Visual Acuity	100.00	1,975.00
92551	Screening Test, Puretone, Air Only	100.00	2,075.00
<b>Pediatrician Total</b>			<b>\$ 2,075.00</b>

ICD-9 Primary:	
ICD-9 Secondary:	

Signature: \_\_\_\_\_

**Learning Specialist:**  
**Title:**

CPT	Description	Rate	Subtotals
n/a	Academic Assessment, conference & report	1,625.00	1,625.00
<b>Learning Specialist Total</b>			<b>\$ 1,625.00</b>

Signature: \_\_\_\_\_

Subtotal	\$	3,700.00
Discount	\$	-
Payments Applied	\$	-
Non-Refundable / Non-Transferable Deposit	\$	-
<b>Total Due</b>	<b>\$</b>	<b>3,700.00</b>