

Marden Rehabilitation Assoc Of OH
 200 Putnam Street
 Suite 800

Marietta, OH 45750

PATIENT NAME: Doe, Josh

Patient's Name

<input type="checkbox"/> MASTERCARD		<input type="checkbox"/> VISA	
CARD NUMBER		SIGNATURE CODE	
SIGNATURE			
STATEMENT DATE	PAY THIS AMOUNT	PATIENT ID	
11/4/2009	280.00	0000000000	
SHOW AMOUNT PAID HERE			\$

Total Due

INVOICE #s: 09040814201703: _____, 09042716101703: _____,
 09050412003506: _____, 09051109083800: _____,
 09051810100802: _____, 09051913252708: _____

Invoice Numbers included on this statement

ADDRESSEE

REMIT TO

Jane Doe
 100 Main Street
 Columbus, OH 43240

Marden Rehabilitation Assoc Of OH
 200 Putnam Street
 Suite 800
 Marietta, OH 45750

Make Check payable to:

Service Date

STATEMENT

Please detach and return top portion with your payment



Date	Activity to Date	Units	Amount
For: Doe, Josh			
	09040814201703 <i>02/18/2009 - 02/19/2009 Rehabilitation</i>		
2/18/2009	Invoice THERAPEUTIC EXERCISES	00:35	20.00
2/18/2009	Invoice HOT OR COLD PACKS THERAPY	00:20	0.00
2/19/2009	Invoice THERAPEUTIC EXERCISES	00:30	20.00
2/19/2009	Invoice HOT OR COLD PACKS THERAPY	00:20	0.00
2/18/2009	Payment THERAPEUTIC EXERCISES		-10.00
2/18/2009	Payment HOT OR COLD PACKS THERAPY		0.00
2/19/2009	Payment THERAPEUTIC EXERCISES		0.00
2/19/2009	Payment HOT OR COLD PACKS THERAPY		0.00
			30.00
	09042716101703 <i>02/18/2009 - 03/12/2009 Rehabilitation</i>		
2/23/2009	Invoice HOT OR COLD PACKS THERAPY	00:20	0.00
2/23/2009	Invoice THERAPEUTIC EXERCISES	00:30	20.00
2/25/2009	Invoice HOT OR COLD PACKS THERAPY	00:20	0.00
2/25/2009	Invoice THERAPEUTIC EXERCISES	00:30	20.00
2/27/2009	Invoice HOT OR COLD PACKS THERAPY	00:20	0.00
2/27/2009	Invoice THERAPEUTIC EXERCISES	00:35	20.00
3/3/2009	Invoice HOT OR COLD PACKS THERAPY	00:20	0.00
3/3/2009	Invoice THERAPEUTIC EXERCISES	00:35	20.00
3/4/2009	Invoice THERAPEUTIC EXERCISES	00:35	20.00
3/4/2009	Invoice HOT OR COLD PACKS THERAPY	00:20	0.00
3/6/2009	Invoice THERAPEUTIC EXERCISES	00:45	20.00
3/6/2009	Invoice HOT OR COLD PACKS THERAPY	00:20	0.00
3/10/2009	Invoice HOT OR COLD PACKS THERAPY	00:20	0.00
3/12/2009	Invoice HOT OR COLD PACKS THERAPY	00:20	0.00
3/12/2009	Invoice THERAPEUTIC EXERCISES	00:45	20.00
			140.00
3/17/2009	Invoice THERAPEUTIC EXERCISES	00:45	20.00
			20.00
3/24/2009	Invoice THERAPEUTIC EXERCISES	00:45	20.00
			20.00
3/30/2009	Invoice ELECTRIC STIMULATION THERAPY	00:20	20.00
3/31/2009	Invoice THERAPEUTIC EXERCISES	00:40	20.00
3/30/2009	Payment ELECTRIC STIMULATION THERAPY		-10.00
3/31/2009	Payment THERAPEUTIC EXERCISES		0.00
			30.00
4/6/2009	Invoice THERAPEUTIC EXERCISES	00:30	20.00

Marden Rehabilitation Assoc Of
 200 Putnam Street
 Suite 800

Marietta, OH 45750

PATIENT NAME:

INVOICE #'s: 09040814201703: _____, 09042716101703: _____,
 09050412003506: _____, 09051109083800: _____,
 09051810100802: _____, 09051913252708: _____

 <input type="checkbox"/> MASTERCARD		 <input type="checkbox"/> VISA	
CARD NUMBER		SIGNATURE CODE	
SIGNATURE		EXP. DATE	
STATEMENT DATE 11/4/2009	PAY THIS AMOUNT 280.00	PATIENT ID 0000000000	
SHOW AMOUNT PAID HERE		\$	

ADDRESSEE

REMIT TO

Marden Rehabilitation Assoc Of
 200 Putnam Street
 Suite 800
 Marietta, OH 45750

STATEMENT

Please detach and return top portion with your payment

Date	For:	Units	Amount
4/7/2009	Invoice THERAPEUTIC EXERCISES	00:30	20.00

			40.00

Invoice due upon receipt. Please contact the Billing Department at 800-937-2597 with questions.

Current	31-60	61-90	91-120	121+	Please Pay This Amount
0.00	0.00	0.00	0.00	280.00	280.00