



Client Name  
Client Address  
City, State Zip Code

Sale Date 8/1/2016  
Sale ID 8255  
Sold By Front Desk

QTY	DESCRIPTION	PRICE
1	Long Session (Exp. 7/20/2017)	\$95.00
1	Cervical, Neck M54.2	\$0.00
1	97112 Neuromuscular Re-ed (\$32.50)	\$0.00
1	97140 Manual Therapy (\$32.50)	\$0.00
1	97110 Therapeutic Exercise (\$30.00)	\$0.00
1	Outpatient Practice	\$0.00
1	Fredrick Oliver, PT OH-009980 (PT provider)	\$0.00
Subtotal		\$95.00
Tax		\$0.00
Total		\$95.00
Payment Method: Visa/MC (\$95.00)		

**DIAGNOSIS CODE**  
(ex. M54.2)

**PROCEDURE CODE (S)**  
(ex. 97112, 97140, 97110)

**PROVIDER NAME**  
(ex. Fredrick Oliver)

**AMOUNT CHARGED**

**PROVIDER LOCATION**

For physical therapy clients' insurance  
Type of Location Service was Provided: Outpatient Private Practice/Orthopedics  
Service Address: 3215 Brotherton Rd, Cincinnati, OH 45209

Electronic Signature: Fredrick Oliver, PT OH-009980  
Electronic Signature: Sarah Cash Crawford, PT, DPT OH-013271  
Electronic Signature: Jennifer Moehring-Schmidt, PT, DPT OH-015163  
Electronic Signature: Stacey Hendrick, PT, DPT

Tax ID #: 45-1477826 **TAX ID NUMBER**

This individual has paid for their services in full. Their insurance was NOT billed by Beyond Exercise, LLC. Please send reimbursement to the individual directly and not to Beyond Exercise, LLC.

Please retain this receipt for your records. We appreciate your trust in our business. Thank you!