



# Invoice

**The Adolescent Center and Mental Health Services**

Date : 28 August 2024  
Invoice No. : 71581  
For Questions Call : 8324842635

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The Adolescent Center and Mental Health Services  
3730 Kirby Drive, Suite 904  
Houston TX 77098-3905

Previous Balance: \$200.00

Date/Time	Service	Notes	Units	Client Amt	Ins Amt
08/28/2024	96136: AH: Test Admin & Scoring first 30 min		1	\$0.00	\$50.00
08/28/2024	96137: AH: Test Admin & Scoring add 30 min		7	\$0.00	\$250.00
08/27/2024 09:00 AM - 12:00 PM	96130: AH: Psych Eval 1st hr		1	\$0.00	\$130.00
08/27/2024	96131: AH: Psych Eval Add Hr		3	\$0.00	\$300.00
Total Due Amounts:				\$0.00	\$730.00

Total Invoice Amount: \$730.00

Client Amount Paid: \$0.00  
Insurance Amount Paid: \$0.00  
**Client Amount Due: \$0.00**  
**Insurance Amount Due: \$730.00**  
Outstanding Total: \$930.00

Invoice Footnote:

Client: Name: ██████████  
Phone: ██████████