

PATIENT RECEIPT

Appointment Date: _____

Provider Information:

Josiah Bonnell NP
Provider License: 5532914-4405
Billing NPI #: 1285252536
Provider NPI: 1285252536
Provider EIN: 87323234

Place of service code: 11
8789 S. Highland Dr. STE. 150
Sandy UT 84093
Phone Number: 801-943-3260
Email: Admin@thespaonhighland.com

Patient Information:

Patient Full Name: _____

Date of Birth: _____ Phone Number: _____

Address: _____

Date of service:	Billing Code / Treatment	ICD10 Code	QTY	Fee	Dis.	Total

Total Charges:

Total Discounts:

Patient Paid:

Insurance Paid:

Patient Balance Due:

Insurance Balance Due:

I authorize the release of any medical information necessary to process this claim.

Patient Signature & Date

Provider Signature

Josiah Bonnell
