



# Sales Receipt

Date of Service:

Sale #

**Sold To:**

Name:

DOB:

Address:

Payment type/Check #

Place of service: OFFICE CODE 11- treatment rendered at therapist office

<b>ICD-10 Diagnosis Codes</b>

DESCRIPTION	QTY	RATE	AMOUNT
Treating therapist:			

Subtotal:

Sales tax:

**Total:**

River Run Physical Therapy  
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 954-290-1457  
 riverrunpt.com  
 EIN:  
 license # PTL.0012972  
 NPI # 1124420138

Your next appointment is scheduled for: