



**STATERA**  
Integrated Health & Wellness Solutions

3375 Lake Ridge Dr. Dubuque, IA 52003  
Phone: (563)-207-8932 Fax: (563) 207-8935

**Invoice/Receipt for Services Rendered**

**Services provided by:**

Provider Name: \_\_\_\_\_ Provider License #: \_\_\_\_\_  
 Provider NPI #: \_\_\_\_\_ Statera NPI#: 1689172751  
 Provider TIN #: \_\_\_\_\_ Statera TIN #: 81-3996308

**Please Pay to:**

Patient/Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Patient (if different): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**Insurance Info:**

Insurance Co: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Member ID# : \_\_\_\_\_ Rx#: \_\_\_\_\_

**Services Provided:**

Date	Dx Code	Treatment	Time	Units	CPT Code	Charges
<b>Total Charge</b>						

Payment *was made in full* to: Statera Integrated Health and Wellness Solutions  
 On Date: \_\_\_\_\_ By: Credit Card \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_

**PLEASE REIMBURSE THE PATIENT/GUARDIAN DIRECTLY FOR THE ABOVE SERVICES**