

Dakota Counseling Institute, Inc.
Main Office Located at: 910 W Havens
Mitchell, SD 57301

Test 1 Test Client 1
 234567 W 12th St
 Mitchell, SD 57301

Client Name: Test 1 Test Client 1
 Client ID: 1976
 Statement Date: 11/09/2023
 Balance due on 12/9/2023

Date of Service	Procedure / Duration	Provider	Fee	Insurance Payment	Client Payment	Client Balance
	<i>*Prior Balance</i>					\$3.20
<i>Totals:</i>						\$3.20

*Prior Balance – Transactions with activity 30 days prior to the Statement Date are combined in the Prior Balance line.

Please return the bottom portion of this bill with your payment.

<p>Total Due from Client: \$3.20 Please make checks payable to: Dakota Counseling Institute, Inc. Please remit payments to: 910 W Havens Mitchell, SD 57301</p> <p>If you have any questions regarding your statement please call: 6059969686</p>	<p>Client Name: Test 1 Test Client 1 Client ID: 1976 Statement Date: 11/09/2023 Balance due on 12/9/2023</p>
---	---

Visa
 Mastercard
 Discover

Card Member Name: _____

Card Number: _____

Expiration Date: _____

Payment Amount: _____

Authorizing Signature: _____

Comments: