

<b>Insured's Name:</b>	TERJE ROD LARSON
<b>Invoice No:</b>	245243
<b>Invoice Date:</b>	05/02/2018
<b>Service Dates:</b>	04/21/2018 - 05/04/2018
<b>Policy No:</b>	
<b>Printed:</b>	5/2/2018

**Please Address Inquiries to:**  
 Caring People  
 118-35 QUEENS BLVD. 1st Floor  
 Forest Hills, NY 11375  
 Call: [REDACTED]



Invoice Total	148.50
Client Responsibility	\$148.50
<b>BALANCE DUE</b>	
	<b>\$148.50</b>

Date of Service	Service Item	Description	Quantity	Rate	Unit	Amount
04/27/2018 Fri	HHA	BERYL THOMAS	5.50	27.00	HR	148.50
Page 1 of 1			5.50			\$148.50

Aging	This Invoice	0-30	31-60	61-90	Older than 90	Total
Amount	\$148.50	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00



**Caring People**

**Remit Payment To:**

Caring People  
 5300 WEST ATLANTIC AVE. SUITE 203  
 DELRAY, FL 33484

<b>Enclosed Amount:</b>	
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**Balance Due:** \$148.50  
**Client Name:** TERJE ROD LARSON  
**Invoice No:** 245243  
**Invoice Date:** 05/02/2018

TERJE ROD LARSON  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]