

**Kamran Fallahpour, PhD**  
263 Westend Ave Suite 1D  
New York, NY 10023

**Bill To:**

**Bill For:**

Bill as of : Apr 10, 2014

Date	Transaction	CPT Code	Diagnosis	Total Owed
4/9/2014	[REDACTED]	90792		\$3,500.00
4/9/2014	Payment - [REDACTED]			(\$3,500.00)
				<hr/>
				\$0.00

Please Pay this Amount:

\$0.00

Charges for services to be rendered, please pay balance before neurological testing appointment.

[REDACTED]

**Kamran Fallahpour, PhD**  
License Number: 015910  
Tax Id: 412054025  
NPI: 1346320660

**Kamran Fallahpour, PhD**  
263 Westend Ave Suite 1D  
New York, NY 10023  
(212)877-2130

**Bill To:**

Maria Ididzkowska

**Bill For:**

Maria Ididzkowska

**Bill as of :** Apr 10, 2014

<b>Date</b>	<b>Transaction</b>	<b>CPT Code</b>	<b>Diagnosis</b>	<b>Total Owed</b>
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