

www.CompassHHC.com



# Statement of Charges

Invoice #	2025513
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Account #
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Terms	Due on receipt
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WY2025697
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Patient:
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Billing Date
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Due Date
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William Clarke  
2341 W. A St.  
Torrington, WY 82240

7/1/2025
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7/1/2025
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Balance Due	<b>\$500.00</b>
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Billed Services	Hours	Rate	Date	Amount
<p>Torrington Rotary Club Medical Services Grant</p> <p>This grant will be applied as a deposit to the account of the patient named above, any credit not utilized will be returned to the Rotary if services should terminate for the patient and no open balances remain.</p>		500.00		500.00

**Compass Home Healthcare LLC**  
2621 5th Avenue  
Scottsbluff, NE 69361

**Total**

\$500.00

Phone #

Fax #

Web Site

(308) 316-4608

(308) 320-7059

[www.CompassHHC.com](http://www.CompassHHC.com)