



FAX TRANSMITTAL SHEET

TO: Fax Me (NO PRIVATE FILES)

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FROM: John K. Zaid & Associates

DATE: Friday, February 27, 2026 3:41 PM, EST

SUBJECT: Avery_Monroe_Medical_Records_Request

Records_Request

NUMBER OF PAGES, INCLUDING THIS COVER SHEET: 2

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MIAMI MENTAL HEALTH CENTER
CENTER BILLING STATEMENT

Date	Service	CPT Code	Units	Rate	Total
07/01/2024	Initial Assessment	90791	1	\$350.00	\$350.00
07/29/2024	Individual Therapy (60 min)	90837	24	\$185.00	\$4,440.00
09/23/2024	Psychological Testing	96136	2	\$225.00	\$450.00
01/15/2025	Family Therapy Session	90847	2	\$175.00	\$450.00

Subtotal \$5,590.00

Total \$5,590.00