



Statement of Charges

Invoice # 20259202

Account #

Terms Due on receipt

WY202597234

Patient:

Billing Date

Due Date

Ricky Garver
 2210 E. B. St.
 Apt. 103
 Torrington, WY 82240

9/30/2025

9/30/2025

Balance Due \$370.12

Billed Services	Hours	Rate	Date	Amount
Nursing Services Visit - Michelle Misner, RN	1	169.00	8/22/2025	169.00
Nursing Services Visit - Michelle Misner, RN	1	169.00	8/26/2025	169.00
Nursing Services Visit - Michelle Misner, RN	1	169.00	9/2/2025	169.00
Nursing Services Visit - Michelle Misner, RN	1	169.00	9/9/2025	169.00
Patient Related Expense Reimbursement \$7.61 - See Attached \$12.31 - see Attached \$10.20 - See Attached		30.12		30.12
Compass Community Care Foundation Assistance - Balance Assistance		-336.00		-336.00
Remaining balance to be paid by Torrington Rotary Club				
<i>Torrington Rotary Satellite Club</i>				<i>\$ 370.12</i>

Compass Home Healthcare LLC
 22 East 21st St.
 Scottsbluff, NE 69361

Total \$370.12

Phone #

Fax #

Web Site

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(308) 320-7059

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Mahtel June