



# Statement of Charges

Invoice # 2025983

Account #

Terms Due on receipt

WY2025639

Patient:

Billing Date  
9/25/2025

Due Date  
9/25/2025

Barbara Pittsley  
2025 East F St.  
Apartment 119  
Torrington, NE 82240

**Balance Due \$523.10**

Billed Services	Hours	Rate	Date	Amount
Nursing Services Visit	1	169.00	8/22/2025	169.00
Nursing Services Visit	1	169.00	8/26/2025	169.00
Nursing Services Visit	1	169.00	8/29/2025	169.00
Nursing Services Visit	1	169.00	9/2/2025	169.00
Nursing Services Visit	1	169.00	9/5/2025	169.00
Compass Community Care Foundation Assistance		-420.00	9/25/2025	-420.00
Patient Related Expense Reimbursement (Wound Care Supplies)		98.10		98.10
<p>Approved for a Torrington Rotary Club Grant. Per client agreement to share billing information, this invoice is being submitted to the Torrington Rotary Club. We have already applied \$420.00 credit from the Compass Community Care Foundation.</p>				

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

**Total \$523.10**

*Rotary Pay = \$500.00*

Phone #

Fax #

Web Site

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