Invoice

Invoice number **NYUYWHJ0-0027**
Date of issue February 10, 2026
Date due February 10, 2026

Grow Therapy
66 West Flagler Street
Suite 900
Miami, Florida 33130
United States
billing@growtherapy.com

Bill to
rkleca2001@gmail.com

$20.00 USD due February 10, 2026

Pay online

Description	Qty	Unit price	Amount
Behavioral Health Visit for robert kleca on 01/20/26 with Dr. Christina Snider. Payment Details: Copay: $20.00	1	$20.00	$20.00

Subtotal	$20.00
Total	$20.00
Amount due	**$20.00 USD**

This receipt is for your recent visit with your behavioral health provider, and constitutes your out-of-pocket expense. For out-of-network visits, this is simply your provider's self-pay rate. For in-network visits, this is your copay, co-insurance, and/or deductible. For no-shows, this is the no-show/late-cancellation fee. Grow Therapy serves as your provider's practice manager and biller.