Fox & Cub Family Wellness - Service Provider: Olivia Fox

1275 4th St
Unit 267
Santa Rosa, CA 95404-4057 USA
(707) 480-3235
olivia@foxandcubfamilywellness.com

INVOICE

BILL TO
Patient Name
Patient full address
Baby due date

INVOICE	1251
DATE	07/16/2026
TERMS	Due on receipt
DUE DATE	07/16/2026

DATE		DESCRIPTION	QTY	RATE	AMOUNT
	Birth Doula Support	(10) eight-hour postpartum visits in accordance with the service agreement. HCPCS Code: T1032 (Ten 8-hour postpartum support visits) ICD-10 Diagnosis Code: Z32.2	8	500.00	4,000.00

Provider Information:
Olivia Fox
NPI Number
EIN
Doula Full Address

BALANCE DUE **$4,000.00**

Ways to pay

BANK

View and pay