Personal Care Home Invoice

PA Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
Phone: 717-783-3670 Fax: 717-783-5662

Assessment # SW000524
Invoice Date: 1/16/2025
Due Date: 2/1/2025
License Number: 42966

Bill To:

Reformed Presbyterian Women's Association
2344 Perrysville Avenue
Pittsburgh, Pennsylvania 15214

Re: Reformed Presbyterian Home
2344 Perrysville Avenue
Pittsburgh, PA 15214

Contact Name [redacted]

Fine/Appeal	Discription - 55 PA Code § 2600	Addl Assessment Fro	Addl Assessment To	Additional Assessment

Personal Care Home Invoice

		Total Current Charges	**$0.00**

Balance From Last Invoice:	$8,526.00
Payments Since Last Invoice:	$1,421.00
Total Current Charges:	$0.00
Total Balance Due:	$7,105.00

Please remit this portion with payment to ensure proper credit

Reformed Presbyterian Women's Association
2344 Perrysville Avenue
Pittsburgh, Pennsylvania 15214

Assessment # SW000524

Invoice Date: 1/16/2025

Due Date: 2/1/2025

Re: Reformed Presbyterian Home
2344 Perrysville Avenue
Pittsburgh, PA 15214

License Number 42966

Please make checks payable to:
Commonwealth of Pennsylvania
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

Total Due **$7,105.00**

Payment Enclosed

You can also pay by using SNAP PAY at https://www.bpp.ob.pa.gov/Customer/PaymentForm