

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: 2/25/2025
Due Date: 3/1/2025
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: \$7,105.00

Payments Since Last Invoice: \$1,421.00

Total Current Charges: \$0.00

Total Balance Due: \$5,684.00

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: 2/25/2025

Due Date: 3/1/2025

License Number 42966

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

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

\$5,684.00

Payment Enclosed

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