

John Smith, Ph.D.

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NPI : 123456789

PATIENT NAME	DATE	DATE OF BIRTH
GUARANTOR NAME AND ADDRESS	INSURANCE	
REFERRING PHYSICIAN	CO-PAY	

OFFICE VISITS	CODE	FEE	OFFICE VISITS	CODE	FEE	MATERIALS & REPORTS	CODE	FEE
<input type="checkbox"/> Diagnostic Interview	90801	_____	<input type="checkbox"/> Family Psychotherapy	90806	_____	<input type="checkbox"/> Patient Education	99071	_____
<input type="checkbox"/> Psychological Testing	96100	_____	<input type="checkbox"/> Group Psychotherapy	90847	_____	<input type="checkbox"/> Special Reports or Forms	99080	_____
<input type="checkbox"/> Psychological 20-30 Min.	90804	_____	<input type="checkbox"/> Evaluation of Test Records	90885	_____	<input type="checkbox"/> Preparation of Report	90889	_____
<input type="checkbox"/> Psychological 45-50 Min.	90806	_____	<input type="checkbox"/> Psychological Phone Cons.	_____	_____	<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____	<input type="checkbox"/> _____	_____	_____	<input type="checkbox"/> _____	_____	_____

DIAGNOSIS					
<input type="checkbox"/> 296.01	<input type="checkbox"/> 300.00	<input type="checkbox"/> 307.51	<input type="checkbox"/> 309.9	<input type="checkbox"/> 315.01	
<input type="checkbox"/> 296.02	<input type="checkbox"/> 300.01	<input type="checkbox"/> 307.6	<input type="checkbox"/> 311	<input type="checkbox"/> 315.2	
<input type="checkbox"/> 296.03	<input type="checkbox"/> 300.02	<input type="checkbox"/> 307.7	<input type="checkbox"/> 312.30	<input type="checkbox"/> 315.31	
<input type="checkbox"/> 296.04	<input type="checkbox"/> 300.21	<input type="checkbox"/> 309.0	<input type="checkbox"/> 312.8__	<input type="checkbox"/> 315.9	
<input type="checkbox"/> 296.05	<input type="checkbox"/> 300.23	<input type="checkbox"/> 309.1	<input type="checkbox"/> 312.9	<input type="checkbox"/> 316	
<input type="checkbox"/> 296.06	<input type="checkbox"/> 300.2	<input type="checkbox"/> 309.2__	<input type="checkbox"/> 313.23	<input type="checkbox"/> 317	
<input type="checkbox"/> 296.2__	<input type="checkbox"/> 300.3	<input type="checkbox"/> 309.21	<input type="checkbox"/> 313.81	<input type="checkbox"/> 318.0	
<input type="checkbox"/> 296.3__	<input type="checkbox"/> 300.4	<input type="checkbox"/> 309.26	<input type="checkbox"/> 313.89	<input type="checkbox"/> 318.1	
<input type="checkbox"/> 296.4__	<input type="checkbox"/> 3010.13	<input type="checkbox"/> 309.3	<input type="checkbox"/> 314.00	<input type="checkbox"/> 318.2	
<input type="checkbox"/> 296.5__	<input type="checkbox"/> 307.1	<input type="checkbox"/> 309.4	<input type="checkbox"/> 314.01	<input type="checkbox"/> V61.20	
<input type="checkbox"/> 299.00	<input type="checkbox"/> 307.50	<input type="checkbox"/> 309.81	<input type="checkbox"/> 315.00	<input type="checkbox"/> _____	
<input type="checkbox"/> 299.80	<input type="checkbox"/> 307.59	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	

NOTES:

TODAYS CHARGES	PAID ON ACCOUNT	ADJ. <input type="checkbox"/> CHK <input type="checkbox"/> MC <input type="checkbox"/> VISA	TOTAL DUE:	RETURN APPT.	
\$	\$	\$	\$		_____ PROVIDER SIGNATURE