

Smith Therapy Associates

EXAMPLE ONLY

Linda Smith MA LMFT LMHC, License #9999
123 Main Street, Suite B,
Vallejo CA 94590
Phone: 555-888-1234

Date of Service: December 1, 2019
Client Name: Michael Smith
Invoice Number: 12345

Instructions for the patient/client: ***Provide this statement to your insurance carrier. It contains information your insurance company requires of your provider.***

Place of service: Office – 123 Main Street, Suite B, Vallejo CA 94590

DESCRIPTION	#	UNIT PRICE	COST	CPT PROCEDURE CODE	PAID	BALANCE
Initial Evaluation	1	\$ 200.00	\$ 200.00	90801	\$ 200.00	\$ 0.00
		Total				

Diagnosis - F43.23 Adjustment Disorder

EIN/Tax ID 42-9999999

National Provider ID (NPI)
#0123456789