

Services Billed To:

Patient:



LIN HALEY

LMFT #92501

PO Box 285 Glen Ellen CA 95442 707-318-0566 NPI#1770930992

Patient Information		
Policy Holder		
Social Security Number		
Street		
City, State, Zip		
Patient		
Male	Female	Birthdate
Insurance Carrier		
Policy No.	Group No.	
Relationship to Policy Holder		

Dates of Service:	
Service:	Diagnosis:
<i>Psychotherapy</i>	
Fee per Session:	Total Sessions
<i>\$110.00</i>	
Total Charges:	
Adjustments:	N/A
Payments	
Late Charges:	N/A
Balance Due:	
Providers Signature	

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PROCEDURE CODES

90832 Indiv. Psychotherapy 30 minutes
90834 Indiv. Psychotherapy 45 minutes
90837 Indiv. Psychotherapy 60 minutes
90846 Family (without the patient present)
90847 Conjoint or Family
90849 Multiple-Family Group

99050 After office hours
99056 In a location other than office
99802 Unusual Travel
90839 On an emergency basis
99071 Educational supplies (books, tapes, etc.)
99075 Medical Testimony
99080 Special Reports
90889 Report Writing

Other Treatment Modalities

90880 Hypnotherapy

Life/Business Coaching

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