



LIN HALEY

LMFT # 92501
LPCC # 7091

Psychotherapy Services Super Bill

PO Box 285 Glen Ellen CA 95442

707-529-1767

NPI: 1770930992

Client Name	Address	City	State	Zip
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PROCEDURE:

DIAGNOSIS:

FOR PROFESSIONAL THERAPY SERVICES PROVIDED ON THE FOLLOWING DATES:

Date	Name	Procedure	Fee	Pmts	Balance 0.00
1.					

Please note: As outlined and agreed upon in your original clinical intake paperwork, while I am willing to provide a receipt that you may submit to your insurance company if you choose to do so for a possible out of network reimbursement, I will not fill out forms or work directly with or on your behalf with your health care insurance company. Additionally, is important that you also understand that there is no guarantee that your insurance carrier will cover your therapy sessions as agreed upon prior to our beginning therapy as I am not on insurance panels.

Client signature Date: _____

Provider signature Date: _____

Lin Haley LMFT

Services Billed To:

Patient:



LIN HALEY

LMFT # 92501
LPCC # 7091

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
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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