

TRILLIUM SPRINGS COUNSELING

1640 Powers Ferry Road, Building 16, Suite 100, Atlanta, Georgia 30067

RECEIPT FOR SERVICES

Client: _____

ICD-9-CM/DSM-IV-TR code: _____

Psychotherapist: _____ License # _____

Services Performed:

<u>Individual Outpatient Psychotherapy</u>	<u>CPT Code</u>
Initial Diagnostic Session -----	90801 _____
30 Minute Session -----	90804 _____
60 Minute Session -----	90806 _____
90 Minute Session -----	90808 _____
<u>Family Psychotherapy w/out Patient Present</u> -----	90846 _____
<u>Family Psychotherapy with Patient Present</u> -----	90847 _____
<u>Group Psychotherapy</u> -----	90853 _____
<u>Hospital Visit - Psychotherapy</u> -----	90620 _____
<u>Telephone Call (Any call longer than ten minutes @ \$1.50 per minute)</u>	
Brief (Minutes: _____) -----	99371 _____
Intermediate. . (Minutes: _____) -----	99372 _____
Complex. (Minutes: _____) -----	99373 _____
<u>Psychological Testing</u> -----	90825 _____
<u>Preparing Psychological Report</u> -----	90889 _____
<u>Missed/Cancelled Appointment w/o 24 hour notice</u> -----	*****

Date of Services: _____	Fee for Services:	\$ _____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

Psychotherapist's Signature: _____ Date: _____

Checks made payable to Trillium Springs LLC