



# Center for Integrated Well-Being

## PROFESSIONAL FEES/RECEIPT FORM

**PAYMENT TAKEN FROM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

_____ 90791	Diagnostic Assessment	90 Minutes	\$240
_____ 90785	Diagnostic Assessment	60 Minutes	\$75
_____ 90832	Individual Psychotherapy	30 Minutes	\$85
_____ 90834	Individual Psychotherapy	45 Minutes	\$160
_____ 90837	Individual Psychotherapy	60 Minutes	\$185
_____ 90839	Psychotherapy for crisis	60 Minutes	\$185
_____ XXXX	Individual Psychotherapy	90 Minutes	\$240
_____ 90847	Family Psychotherapy	60 Minutes	\$160
_____ 90846	" " (Without identified Client)	60 Minutes	\$185
_____ 90847	Family / Couples / Marital Psychotx	60 Minutes	\$185
_____ 90853	Group Psychotherapy	60 - 80 Minutes	\$60
_____ 90853	Group Psychotherapy	90 - 120 Minutes	\$100
_____ 90915	Consult Miscel (Insurance won't pay)	30-50 Minutes	\$95
_____ 90831	Telephone Consult (Insurance won't pay)	30 Minutes	\$90
_____ 90831	Telephone Consult (Insurance won't pay)	60 Minutes	\$185
_____ 96100	Any Psychological / Emotional Testing		\$185/hr
_____ 90889	Prep & prstn of Testing / or Explng Results Time		\$185/hr
_____ 90900	Case Supervision	60 Minutes	\$100
_____ 90899	Other	Per 60 Minutes	\$185
_____ 0000	Failed Session (Failed to Show)		\$185/hr
_____ 0000	Late Cancelation (Outside 24 hour Notice, for 60 Minutes)		\$185

**Item(s) Purchased:**

CASSETTE: \_\_\_\_\_

WORKBOOKLET: \_\_\_\_\_

CD-ROM: \_\_\_\_\_

**FORM OF PAYMENT:**

CHECK NO: \_\_\_\_\_

VISA TRANSACTION: \_\_\_\_\_

CASH TRANSACTION: \_\_\_\_\_

CREDIT / ADJUSTMENTS: \$ \_\_\_\_\_ Taxes: \$ \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Received By: \_\_\_\_\_

**Thank You!**