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**Client Billing Information Form**

Client Name: \_\_\_\_\_ Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
FIRST MI LAST

Social security number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Prounoun: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET APT.# CITY STATE ZIP

Phone: (\_\_\_\_) \_\_\_\_\_

INSURANCE TYPE: \_\_\_\_\_ CO-PAY AMOUNT: \$ \_\_\_\_\_

\*\*\*\*\*STOP HERE\*\*\*\*\*

DIAGNOSIS: \_\_\_\_\_

**CPT CODE:**

- 90791: Psychotherapy intake
- 90832: Psychotherapy, 30 minutes with patient and/or family member
- 90834: Psychotherapy, 45 minutes with patient and/or family member
- 90837: Psychotherapy, 60 minutes with patient and/or family member
- 90846: Family psychotherapy without the patient present
- 90847: Family psychotherapy, conjoint psychotherapy with the patient present
- 90849: Multiple-family group psychotherapy
- 90853: Group psychotherapy (other than of a multiple-family group)
- 90785: Interactive psychotherapy/complexity (add-on code to be used in conjunction with appropriate psychotherapy code based on length of the session)
- 90839: Psychotherapy, first 60 minutes for client in crisis
- 90840: Psychotherapy, additional 30 minutes for client in crisis

**NOTES:**

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