**Client Billing Information Form**

Client Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date: \_\_\_\_ /\_\_\_\_/\_\_\_\_

 FIRST MI LAST

Client Legal Name (if different than above, only for insurance billing purposes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social security number: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_ Date of birth: \_\_\_\_ /\_\_\_\_/\_\_\_\_ Gender Identity: \_\_\_\_\_\_\_\_ Pronoun(s): \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STREET APT.# CITY STATE ZIP

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

**Insurance type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-pay amount:**  $\_\_\_\_\_\_\_

Insured Person’s Name (if different than above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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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