

STATEMENT OF SERVICES

Month: Oct 2023

PATIENT NAME Micheal Scott GROUP#

INSURED NAME INSURANCE#

Haim Weinberg, Ph.D

Licensed Psychologist

PSY-#23243

Sacramento Center for Psychotherapy

Tax ID 80-0557708

2617 Capitol Ave

Sacramento, CA 95816

(916) 212-6424



DIAGNOSTIC CODE: F34.1

CPT Office Visit

90834-GT/95 Online Individual Psychotherapy
90791 Initial Interview
90847 Conjoint Marital Therapy
90849 Family Therapy
90853-GT/95 Online Group Psychotherapy
90821 Telephone Consultation
99999 Late Cancel/No Show
90834 Individual Psychotherapy

#Visits	Fee	TOTAL
<u>4</u>	<u>@ \$160</u>	<u>\$ 640</u>
<u></u>	<u>@</u>	<u>\$</u>
<u></u>	<u>@</u>	<u>\$</u>
<u></u>	<u>@</u>	<u>\$</u>
<u></u>	<u>@</u>	<u>\$</u>
<u></u>	<u>@</u>	<u>\$</u>
<u></u>	<u>@</u>	<u>\$</u>
<u></u>	<u>@</u>	<u>\$</u>

TOTAL CHARGE \$ 640
AMOUNT PAID \$ 640
BALANCE DUE \$ 0
PREVIOUS BAL. \$ 0
TOTAL BALANCE \$

DATES OF VISITS

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Oct				V							V							V						V							