Sharma, Shreya 108 W 39th St Apt 2 Baltimore, MD 21210

Rockville 6237 Executive Blvd Rockville, MD 20852

Statement Date: 12/7/2023 Tax ID: 270993395

Insurance: CIGNA Behavioral Health Subscriber ID: 002265699

Patient Name: Sharma, Shreya DOB: 09/16/1997

Visit Information: Provider: Rosse, MD, Mark Signature: _____

Diagnosis Code	agnosis Description									
F331	Najor depressive disorder, recurrent, moderate									
F419	Generalized anxiety disorder									
Procedure Code	Procedure Description									
90792	Tele Psych Diagnostic Evaluation with Med Services									

Date of Service	Procedure	POS	Units	Charge	Ins Payment	Pt Payment	Adjustment	Reference	Balance
05/03/2023	90792	02	1	\$300.00	(\$150.30)	(\$44.70)	(\$105.00)	PR1 \$28 PR2\$16.7	\$0.00
Balance Due:							\$0.00		

Provider Notes:								

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Statement Date: 12/7/2023 Tax ID: 270993395

Insurance: CIGNA Behavioral Health Subscriber ID: 002265699

Patient Name: Sharma, Shreya DOB: 09/16/1997

Visit Information: Provider: Walker, LCSW, LPC, Judith Signature: _____

Diagnosis Code	gnosis Description						
F330	jor depressive disorder, recurrent, mild						
	Code Procedure Description						
Procedure Code	Procedure Description						

Date of Service	Procedure	POS	Units	Charge	Ins Payment	Pt Payment	Adjustment	Reference	Balance
05/15/2023	90791	02	1	\$275.00	(\$114.30)	(\$12.70)	(\$148.00)	pr2	\$0.00
								Balance Due:	\$0.00

Provider Notes:								

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Statement Date: 12/7/2023 Tax ID: 270993395

Insurance: CIGNA Behavioral Health Subscriber ID: 002265699

Patient Name: Sharma, Shreya DOB: 09/16/1997

Visit Information: Provider: Rosse, MD, Mark Signature: _____

Diagnosis Code	agnosis Description							
F331	Major depressive disorder, recurrent, moderate							
F419	Seneralized anxiety disorder							
Procedure Code	Code Procedure Description							
99213	telehealth Med Management low complexity							

Date of Service	Procedure	POS	Units	Charge	Ins Payment	Pt Payment	Adjustment	Reference	Balance
05/16/2023	99213	02	1	\$150.00	(\$68.40)	(\$7.60)	(\$74.00)	pr2	\$0.00
	-			•	-	•		Balance Due:	\$0.00

Provider Notes:								

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Rockville 6237 Executive Blvd Rockville, MD 20852

Statement Date: 12/7/2023 Tax ID: 270993395

Insurance: CIGNA Behavioral Health Subscriber ID: 002265699

Patient Name: Sharma, Shreya DOB: 09/16/1997

Visit Information: Provider: Rosse, MD, Mark Signature: _____

Diagnosis Code	agnosis Description							
F331	Major depressive disorder, recurrent, moderate							
F419	Seneralized anxiety disorder							
Procedure Code	Code Procedure Description							
99213	telehealth Med Management low complexity							

Date of Service	Procedure	POS	Units	Charge	Ins Payment	Pt Payment	Adjustment	Reference	Balance
08/16/2023	99213	02	1	\$150.00	\$0.00	\$0.00	(\$74.00)	PR1	\$76.00
								Balance Due:	\$76.00

Provider Notes:								