

Mid-Valley Counseling Center Inc.
2250 D Street NE
Salem, OR 97301-2768

Run Date: 11/9/2016

Fee Slip #: 164029
 Patient Act. #: 11503
 Patient Name: [REDACTED]
 Patient DOB: [REDACTED]
 Diagnosis: F31.81

Primary Insurance: [REDACTED]
 Secondary Insurance: [REDACTED]

50007

Provider: MIKE TREMKO
 Appt. Date: 10/20/2016
 Appt. Time: 3:00:00 PM
 Appt. Type: PSYCHO/60
 Subject:
 Location: OREGON CITY
 Primary Ins. Co-payment: \$10.00
 Class Code: INSURANCE

PROCEDURES/PSYD	PROCEDURES/NP
<input type="checkbox"/> 90791 Diagnostic Interview	<input type="checkbox"/> 90792 Diagnostic Interview E/M.
<input type="checkbox"/> 90832 Psychotherapy, 30 Min.	<input type="checkbox"/> 90833 Psychotherapy, 30 Min. E/M.
<input type="checkbox"/> 90834 Psychotherapy, 45 Min.	<input type="checkbox"/> 90836 Psychotherapy, 45 Min. E/M.
<input type="checkbox"/> 90837 Psychotherapy, 60 Min	<input type="checkbox"/> 90838 Psychotherapy, 60 Min. E/M.
<input type="checkbox"/> 90846 Family Therapy (without the patient).	<input type="checkbox"/> 99211 Office visit, Est. E/M
<input type="checkbox"/> 90847 Family Therapy (with the patient).	<input type="checkbox"/> 99212 Office visit, Est. E/M
<input type="checkbox"/> 90849 Multiple-family group therapy	<input type="checkbox"/> 99213 Office visit, Est. E/M
<input type="checkbox"/> 90853 Group Psychotherapy.	<input type="checkbox"/> 99214 Office visit, Est. E/M
<input type="checkbox"/> 90785 Interactive Complexity (See CPT book)	<input type="checkbox"/> 99215 Office visit, Est. E/M
<input type="checkbox"/> 90839 Psychotherapy for Crisis, 60 Min.	<input type="checkbox"/> 99201 Office visit, New Pt. E/M
<input type="checkbox"/> 90840 Psychotherapy/Crisis, additional 30 Min.	<input type="checkbox"/> 99202 Office visit, New Pt. E/M
<input type="checkbox"/> 96101 Psychological Testing	<input type="checkbox"/> 99203 Office visit, New Pt. E/M
<input type="checkbox"/> 96118 Neuropsychological Testing.	<input type="checkbox"/> 99204 Office visit, New Pt. E/M
<input type="checkbox"/> 96150 Health & Behavior Assess. 15 Min.	<input type="checkbox"/> 99205 Office visit, New Pt. E/M
<input type="checkbox"/> No Service/No Charge.	<input type="checkbox"/> 96151 Health & Behavior Re-Assess.
<input type="checkbox"/> No Showed Apt.	<input type="checkbox"/> 96152 Health & Behavior Intervention 15 Min.
<input type="checkbox"/> Service/No Charge	<input type="checkbox"/> 99348 Home Visit (25 Min)
<input type="checkbox"/> Apt. Cancelled by Provider	<input type="checkbox"/> 99349 Home Visit (40 Min)
<input type="checkbox"/> File Copies: Faxed or Mailed	<input type="checkbox"/> 99350 Home Visit (60 Min)
<input type="checkbox"/> Correspondence Charge	<input type="checkbox"/> 99441 Phone E&M 5-10 min.
<input type="checkbox"/> Book Charge	<input type="checkbox"/> 99442 Phone E&M 11-20 min.
<input type="checkbox"/> Consultation/NRI	<input type="checkbox"/> 99443 Phone E&M 21-30 min.
<input type="checkbox"/> 90889 Report preparation for Ind./Agency/Ins. Carr.	

Notes: _____

Total Charges: _____

Please charge my Debit/Credit Card:

Payment (cash): _____ Receipt #: _____

\$ _____

Payment (check): _____ Check #: _____

Signature _____

Payment (credit card): _____ Ref.#: _____