

Psychoanalyst Services



PATIENT INFORMATION

NAME

salut. first name middle name last name suffix

ADDRESS

street

city state zip

PHONE, EMAIL

work phone (used on letterhead if desired) cell phone (optional)

home phone (optional) email address

PERSONAL

sex (M/F) date of birth

TREATMENT

CPT code (treatment) CPT code (secondary treatment) ICD code (diagnosis) place of service code

FINANCIAL

fee to insurer (on claims) fee to patient (if different) late cancel fee (if different) current balance

CLAIM DELIVERY (if applicable)

- mail to therapist
- mail to insurer
- send electronically to insurer

CLAIM FORMAT (if applicable)

- unencrypted (no password, non-HIPAA compliant)
- encrypted (password, HIPAA-compliant)

STATEMENT FORMAT (if applicable)

- NPI number on statement
- Provider SSN on statement
- License number on statement
- CPT code on statement
- ICD code on statement
- place of service code on statement

