Provider Name:_____

Please fax to: (207) 798-3929 Attention: _____

90791 - Initial Patient Diagnostic Assesment
90834 - Individual Psychotherapy, 37-52 Minutes
90837 - Individual Psychotherapy, 53+ Minutes*
90847 - Family Psychotherapy With Patient Present
90846 - Family Psychotherapy Without Patient Present

** Most Harvard Pilgrim and United HealthCare policies need to be billed 90834 unless an authorization is obtained for the 90837*

PATIENT NAME	DATE OF SERVICE	90791	90834	90837	90847	90846	NOTES	PAYMENTS