**NAME: PSYCHIATRIC BILLING ASSOCIATES**

 Monthly/Weekly Billing Log

Use default CPT: (unless otherwise noted)D-Diag Assess. 90791; H-Half/25 min 90832; F-Full/45 min 90834; E-Extended/60 90837
\* Please send a facesheet and copy of card for all new patients \*

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| **NAME**  | **Dx (new pats only)** |  **Pat copay, if known** | **DATE** | **PYMTS/NOTES\***  |
| PATIENT, JOE |   |   | 4/5 -D, 4/7, 4/15 4/22-H |  |
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