

Connections Counseling – Session Receipt

Client Name: _____ Date: _____

DSM-V Code: _____

CPT CODES:

_____ 90791 Initial Interview (Intake)
_____ 90832 Individual Session (16-37 Minutes)
_____ 90834 Individual Session (38-52 Minutes)
_____ 90837 Individual Therapy (53+ Minutes)
_____ 90846 Family Therapy w/o Patient Present
_____ 90847 Family Therapy with Patient Present
_____ 90853 Group Psychotherapy
_____ 90839 Crisis
_____ Other _____

Counselor is **HO: Master's degree level** and the setting is a **private practice**.

Hourly Fee per Sliding Scale: _____

Charges: _____

Payment: _____

Balance Due: _____

Counselor/Therapist Signature: _____

Rhealynn Clark, M.A., LPCC, RPT NPI # 1740555788 EIN: 823484028 900 Corbitt Drive Wilmore, KY 40390 859-509-8468 Rhealynn@kyconnections.com www.kyconnections.com	Alex Clark, M.A., M.Div., LMFT NPI # 1144657248 EIN: 823484028 900 Corbitt Drive Wilmore, KY 40390 859-806-9813 Alex@kyconnections.com www.kyconnections.com	Connections Counseling, LLC. NPI # EIN: 823484028 900 Corbitt Drive Wilmore, KY 40390 www.kyconnections.com
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