

Financial Ledger Form | 2018

Client Name _____

Full Address _____

Phone Number and Email _____

Payment is due at time of service. This ledger serves as a receipt that can be captured by your “smart phone” camera, it can be mailed, or it can be emailed via *VSee Free HIPAA Messenger* <https://vsee.com/>. To use it, install it on your device.

The fee for a 50-minute session is \$200. We do not bill any insurance company. You can and the payment, if any, will go to you. Any insurance company requests verifications before a payment determination is made. In order for any psychotherapy practice to provide the required documentation, a release of information authorization is needed.

____ Your initials indicates an authorization form to provide records to insurance is requested.

| DATE | Client Signature | Therapist Signature | CHARGE | PAYMENT | BALANCE |
|------|------------------|---------------------|--------|---------|---------|
| | | | 200 | | |
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| | | | 200 | | |
| | | | 200 | | |
| | | | 200 | | |
| | | | 200 | | |
| | | | 200 | | |

Name and BBS Registration ID: _____

Supervised Intern ([IPTTP, Inc.](#))

Reviewed by Victor Bloomberg, LCSW (Signature and Date)