

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		
			200		
			200		
			200		
			200		
			200		
			200		
			200		

Name and BBS Registration ID: _____

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

Reviewed by Victor Bloomberg, LCSW (Signature and Date)