

CLIENT: _____ **SSN:** _____ **DSM:** _____
Address: _____ **DOB:** _____ **Phone:** _____

Date of Service	Units & Type of Service	POS Point of Service	Billing Amount	Billed To	Date of Billing	Date of Payment	Payment Amount
1.	45-50 (90844).....90806 70-90 (90842).....90808 Family 45-5090847 Family w/out.....90846 Consult 45-60.....99244 PreTXH0002 Initial90801	11 Office 12 Home 21 Inpatient 22 Outpatient 23Emergency 99 Other	130.00 195.00 195.00 195.00 195.00 260.00	Magellan Medicaid (1) - (2) BC-BS / CHAMPUS Private Pay _____ Secondary			
2.	45-50 (90844).....90806 70-90 (90842).....90808 Family 45-5090847 Family w/out.....90846 Consult 45-60.....99244 PreTXH0002 Initial90801	11 Office 12 Home 21 Inpatient 22 Outpatient 23Emergency 99 Other	130.00 195.00 195.00 195.00 195.00 260.00	Magellan Medicaid (1) - (2) BC-BS / CHAMPUS Private Pay _____ Secondary			
3.	45-50 (90844).....90806 70-90 (90842).....90808 Family 45-5090847 Family w/out.....90846 Consult 45-60.....99244 PreTXH0002 Initial90801	11 Office 12 Home 21 Inpatient 22 Outpatient 23Emergency 99 Other	130.00 195.00 195.00 195.00 195.00 260.00	Magellan Medicaid (1) - (2) BC-BS / CHAMPUS Private Pay _____ Secondary			
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