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**ID 95-4887478**

**Services Billed To:**

**Patient:**

Patient Information		
Policy Holder		
Social Security Number		
Street		
City, State, Zip		
Patient		
Male	Female	Birthdate
Insurance Carrier		
Policy No.	Group No.	
Relationship to Policy Holder		

Dates of Service:	
<b>Service:</b> <i>Psychotherapy</i>	<b>Diagnosis:</b>
<b>Fee per Session:</b> <i>\$125.00</i>	<b>Total Sessions</b>
<b>Total Charges:</b>	
<b>Adjustments:</b>	N/A
<b>Payments:</b>	
<b>Late Charges:</b>	N/A
<b>Balance Due:</b>	
<b>Providers Signature</b>	

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**PROCEDURE CODES**

**Evaluative Procedures**

**90791** Diagnostic interview examination

**Therapeutic Procedures**

- 90832** Indiv. Psychotherapy 30 minutes
- 90834** Indiv. Psychotherapy 45 minutes
- 90837** Indiv. Psychotherapy 60 minutes
- 90846** Family (without the patient present)
- 90847** Conjoint or Family
- 90849** Multiple-Family Group

**Other Treatment Modalities**

**90880** Hypnotherapy

Life/Business Coaching

**Special Services and Reports**

- 99050** After office hours
- 99056** In a location other than office
- 99802** Unusual Travel
- 90839** On an emergency basis
- 99071** Educational supplies (books, tapes, etc.)
- 99075** Medical Testimony
- 99080** Special Reports
- 90889** Report Writing