

## Patient Services Information

### Patient Service Sheet

All fields marked with \* are required.

For each client visit, you'll need to fill out this simple form with relevant visitation details. The following form is secure and encrypted. Questions? Contact Us.

For clients who prefer to manually fill out the form and fax it to us, you can download it [here](#) and fax it to (888) 508-2108.

**PLEASE FILL OUT ONE FORM FOR EACH CLIENT VISIT.**

\*Provider / Therapist Name:

Choose one...

\*Client First Name:

\*Client Last Name:

\*Date of Visit:

-Month- -Day- -Year-

\*CPT Codes:

- 90791  90846  99213  
 90792  90847  99233  
 90834  99214  Other CPT Code  
 90837

**DX:**

**Payment/Comments:**

SUBMIT FORM



[Reset Form](#)