

RAWNA CHERI ROMERO, LMFT
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(415) 533-9724

Name of Client: _____

Subscriber Identification: _____ Date of Birth: _____

Client Diagnosis: _____

DATE OF SERVICE	PLACE OF SERVICE	PROCEDURES	PROCEDURE CODE	CHARGES
	Office (code 11)	1 session psychotherapy	() 90834 () 90837 () 90847	\$
	Office (code 11)	1 session psychotherapy	() 90834 () 90837 () 90847	\$
	Office (code 11)	1 session psychotherapy	() 90834 () 90837 () 90847	\$
	Office (code 11)	1 session psychotherapy	() 90834 () 90837 () 90847	\$
	Office (code 11)	1 session psychotherapy	() 90834 () 90837 () 90847	\$

Total Charges: _____

Amount Paid: _____

Balance Due: _____

Signature of Clinician: _____

Service Address: _____