

Well With Art PLLC  
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### **Billing Invoice**

Client Name: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Duration of Therapy: **60 minutes**

Diagnostic Code (if applicable): \_\_\_\_\_

CPT Billing Code for 60-minute therapy session: **90837**

Amount Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Remaining Balance: \_\_\_\_\_

Brigid Blume, ATR, LMHC  
NPI # 1528494234