### Brigid Blume, MA, LMHC • 3400 Harbor Ave SW, Suite #303 • Mailbox #303

### Seattle, WA 98126

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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, MA, LMHC

LH 60732583

NPI # 1528494234