BILLING SHEET

Provider:

Date of Service	Client Name	Diagnosis if a new Pt or a new dx	CPT	Mod	Units	Billed Amount if different from full fee	Patient Payment Amount	Payment Type (Ck#, Cash, CC)	Comment/Question

Online/Mailed in/Called in Patient Payments (No Visit) **PLEASE DO NOT LIST INSURANCE PAYMENTS ON THIS FORM**

Date	Client	Patient Payment Amount	Payment Type (Ck#, Cash, CC)	Comment/Question