

**Psychological Services Super Bill/
Receipt for Services Rendered and Paid**

Psychologist: Michael Uthoff, Psy.D.
License Number: PSY27619
Advanced Mindset Psychological Services

NPI: 1639683295
TaxID: 81-1390202
NPI: 1063903425

Client Name _____ Address _____ City _____ State _____ Zip _____

Procedure Code: _____ ICD-10 Diagnosis Code: _____

FOR PROFESSIONAL THERAPY SERVICES PROVIDED ON THE FOLLOWING DATES:

<u>Date</u>	<u>Fee</u>	<u>Payments</u>	<u>Balance</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			

Please note: As outlined and agreed upon in your original clinical intake paperwork, while Advanced Mindset Psychological Services is willing to provide a receipt that you may submit to your insurance company if you choose to do so for a possible out-of-network reimbursement, your psychologist will not fill out forms or work directly with or on your behalf with your healthcare insurance company. It is important that you also understand that there is no guarantee that your insurance carrier will cover your therapy sessions as agreed upon prior to beginning therapy as we are not on insurance panels. Additionally, we do not work with Medicare or Medicaid and have opted-out of providing services. In signing this you acknowledge that you will not submit any reimbursement requests to Medicare or Medicaid.

_____ Date: _____
 Client signature

_____ Date: _____
 Psychologist Signature