

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

**Psychologist: Gisette Alvarado Uthoff, Psy.D.**  
**License Number: PSY27749**  
**Advanced Mindset Psychological Services**

**NPI 1144503939**  
**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