DIAGNOSTIC INVOICE

INVOICE #
DATE OF SERVICE

PATIENT INFORMATION
DOB / ID #
PROVIDER / CLINIC INFORMATION
NPI / TAX ID

CPT Code	Description of Service	Duration	Amount
90791 / 90792	Comprehensive Psychiatric Diagnostic Interview Examination		
	Add-on: Interactive Complexity (if applicable)		
	Standardized Psychological Testing / Scoring		

Subtotal:
Insurance Adjustment:
Total Due:

DIAGNOSIS CODES (ICD-10)

Please make checks payable to the provider listed above. Payment is due within 30 days of the invoice date. This document serves as an official record for insurance reimbursement purposes.