

*Jan D. Dice, M.Ed., M.A.*

Licensed Professional Counselor  
15443 Knoll Trail Drive, Suite 210  
Dallas, Texas 75248  
Tax ID: 45-421 6184

License #15564

972-893-9087

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Date \_\_\_\_\_ Fee \$130.00 Payment \$130.00

Code	Service	Fee
<input type="checkbox"/> 90791	Interview/Evaluation	_____
<input type="checkbox"/> 96100	Psych testing/evaluation	_____
<input type="checkbox"/> 90834	Psychotherapy (50min)	_____
<input type="checkbox"/> 90832	Psychotherapy 20-30m	_____
<input type="checkbox"/> 90837	Psychotherapy 53-60m	_____
<input type="checkbox"/> 90887	Consultation	_____
<input type="checkbox"/> 90831	Telephone consultation	_____
<input type="checkbox"/> 90818	Inpatient Hospital consult	_____
<input type="checkbox"/> 90889	Preparation of report	_____
<input type="checkbox"/> 99075	Expert witness time	_____
<input type="checkbox"/> 99080	Ins. Form prep/special report	_____
_____	Missed Appointment	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Benefits Payable To:  Patient       Jan Dice

Patient's Signature \_\_\_\_\_

Diagnosis: (DSM\_V) \_\_\_\_\_

Notice to Insurance Company: This form has been adopted in an effort to keep cost and paperwork down. If for any reason you require your own form or itemized bill we will be happy to complete the same upon receipt of \$25.00.