

Provider: _____

Day Sheet for / /
Month Day Year

Outpatient Individual Psychotherapy

- 90801 – Psychiatric diagnostic interview
- 90804 – Psychotherapy (20-30 min.)
- 90806 – Psychotherapy (45-50 min.)
- 90808 – Psychotherapy (75-80 min.)

Family and Group Therapy

- 90846 – Conjoint/family w/o client present
- 90847 – Conjoint/family psychotherapy
- 90853 – Group psychotherapy

Cancelled Appointments

- CA – Cancelled Appointment
- LC – Late Cancellation
- LCNC – Late Cancellation, No Charge
- MA – Missed Appointment
- MANC – Missed Appointment, No Charge

Credit Codes

- 30 – Client Payment
- 31 – Insurance Payment
- 32 – Other

	Client	CPT Code	ICD-9 Diagnosis	Time	Fee	Paid	Check Number
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Today's Totals: \$ \$

Signature _____