**Quest Psychological Consulting, Inc.**

Administrative Office--5212 Katella Ave., #104, Los Alamitos, CA 90720

Service Address—10410 Edinger Ave, Fountain Valley, CA. 92708 (This is a rented location—DO NOT send mail)

Phone (714) 490-3428, Fax (562) 493-1684

**This is a Sample of our Summer Program Super Bill**

|  |  |
| --- | --- |
| **Bill To:**Parent NameParent Address | **Bill For:** Child’s NameChild’s Address |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Transaction** | **CPT Code** | **Diagnosis** | **Charge** | **Total Owed** |
|  | Previous Balance |  |  |  | $0.00 |
| Date varies | Intake | 90801 | Child’s DX | $140.00 | $140.00 |
| 6/25/1 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 6/26/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 6/27/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 6/28/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 6/29/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/2/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/3/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/5/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/6/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/9/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/10/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/11/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/12/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/13/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/16/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/17/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/18/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/19/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/20/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/23/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/24/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/25/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/26/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/27/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/30/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 7/31/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 8/1/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 8/2/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 8/3/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 8/6/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 8/7/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 8/8/18  | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 8/9/18 | Group Psychotherapy | 90853 | Child’s DX | $150.00 | $150.00 |
| 6/25/18 to 8/9/18 | Therapeutic Milieu Fees for 7 weeks of programming (Typically 20 hours per week) | 99199 | Child’s DX | $200.00 | $900.00 |
| Payments (dates of payments) ($5,990.00) |

|  |  |
| --- | --- |
| **Please Pay this Amount:** | **$0.00** |

|  |  |
| --- | --- |
| Date of Birth: DOB | Is there another health plan? N/A |
| Sex: M or F | Signature on file? N/A |
| Was outside lab work done? No | Accept assignment? N/A |
| Lab Charges: $0 | Quest Tax ID: 270368721 |

Quest Psychological Consulting, Inc.

Jodie Knott, Ph.D.

Licensed Clinical Psychologist

Tax Id: 270368721

NPI: 1396081394

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Administrative Office--5212 Katella Ave., #104, Los Alamitos, CA 90720

Service Address—7111 Talbert Ave, Huntington Beach, CA 92648 (This is a rented location—DO NOT send mail)

Phone (714) 490-3428, Fax (562) 493-1684

**This is a Sample of our School Year Quarter Program Super Bill**

|  |  |
| --- | --- |
| **Bill To:**Parent NameParent Address | **Bill For:** Child’s NameChild’s Address |

Bill as of: Bill Date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Transaction** | **CPT Code** | **Diagnosis** | **Charge** | **Total Owed** |
|  | Previous Balance |  |  |  | $0.00 |
| 1/3/18 | Group Psychotherapy | 90853 | Child’s DX | $90.00 | $90.00 |
| 1/10/18 | Group Psychotherapy | 90853 | Child’s DX | $90.00 | $90.00 |
| 1/17/18 | Group Psychotherapy | 90853 | Child’s DX | $90.00 | $90.00 |
| 1/24/18 | Group Psychotherapy | 90853 | Child’s DX | $90.00 | $90.00 |
| 1/31/18 | Group Psychotherapy | 90853 | Child’s DX | $90.00 | $90.00 |
| 2/7/18 | Group Psychotherapy | 90853 | Child’s DX | $90.00 | $90.00 |
| 2/14/18 | Group Psychotherapy | 90853 | Child’s DX | $90.00 | $90.00 |
| 2/21/18 | Group Psychotherapy | 90853 | Child’s DX | $90.00 | $90.00 |
| 2/28/18 | Group Psychotherapy | 90853 | Child’s DX | $90.00 | $90.00 |
| 3/7/18 | Group Psychotherapy | 90853 | Child’s DX | $90.00 | $90.00 |
| Date | Payments  |  |  |  | ($900.00) |

|  |  |
| --- | --- |
|  **Please Pay this Amount:** | **$0.00** |

|  |  |
| --- | --- |
| Date of Birth: DOB | Is there another health plan? N/A |
| Sex: M or F | Signature on file? N/A |
| Was outside lab work done? No | Accept assignment? N/A |
| Lab Charges: $0 | Quest Tax ID: 270368721 |

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