

**Code:**  
 #90791 DX.Intake Assessment #90839 Crisis first 60 minutes  
 #90837 Individual Therapy #90847 Family Therapy w/Pt  
 #90853 Group Therapy

**Superbill**

<p><b>Institute of Advanced Sciences</b>          Behavior Health and Wellness Services  <b>Kimberly Cravotta-Purvis, M.S. MFT, MFC#48771</b>          Marriage and Family Therapy          23120 Alicia PKWY #200          Mission Viejo, CA 92692          (949) 306-1772  <b>NPI: #17045840 EIN: #270176992</b></p>
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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Insurance Information:**

Subscriber Name: \_\_\_\_\_ Social Security# \_\_\_\_\_  
 Relationship to Patient: : \_\_\_\_\_ DOB: \_\_\_\_\_  
 Insurance plan: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Policy or FECA number: \_\_\_\_\_ Group number: \_\_\_\_\_ I.D. Number: \_\_\_\_\_  
 Original Date of policy: \_\_\_\_\_ Authorization number: \_\_\_\_\_

**Evaluation and Management**

CPT Code	Description	Date	# Visits @	Fee	Total

<b>Total Charges</b>	
<b>Total Paid</b>	

*Due upon receipt\*\*--Thank you for your payment*

I authorize the release of any medical information necessary to process claim

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_