

LAWLESS & COMPANY

INSURANCE SUPERBILL

Date: July 6, 2014
Client Michael J Smith
Invoice Number: 85092
Terms: 30 Days

Instructions for the client: Attach this bill to your insurance claim form. It contains information your insurance company requires of your provider.

Service Provider: Linda L Lawless LMFT CA State License MFT 021588

Place of service: Office - 485 Mare Island Way, Vallejo CA 94590

DESCRIPTION	#	UNIT PRICE	COST	PROCEDURE CODE	PAID	BALANCE
Intake	1	\$ 200.00	\$ 200.00	90801	\$ 0.00	\$ 0.00
Individual Session	1	\$ 125.00	\$ 125.00	90806	\$ 0.00	\$ 0.00
Total						

Diagnosis DSM IV - Axis I 293.89 Anxiety Disorder Due to a General Medical Condition
Axis II NA
Axis III 440.9 Atherosclerosis

Description of Services: Psychotherapy to promote individual and behavioral change while providing support.

Linda Lawless MA LMFT LMHC
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415.356.9809