

Bay Area Christian Counseling

102 Old Solomon's Island Road

Suite 202

Annapolis, MD 21401

Phone - 410-266-3058

Fax - 410-266-3257

www.bayareachristiancounseling.org

Tax ID 47 - 4413368

NPI 1194192203

INVOICE

Date	
Client	
Client Address	
Counselor	

Payment is due when services are delivered, unless other arrangements are on file.

Quantity/Date	Description	Unit Price	Total
	Outpatient Psychiatric Care – #90791 (One hour) Initial Intake and Diagnostic Evaluation	\$125.00	
	Outpatient Psychotherapy – #90837 (One hour) Extended Session	\$85.00	
	Outpatient Psychotherapy - #90834 (45 minutes) Standard Session	\$75.00	
	Outpatient Psychotherapy - #90832 (30 minutes)	\$55.00	
	Outpatient Family Psychotherapy - #90846 (45 minutes) Standard Session conjoint without client present	\$75.00	
	Outpatient Family Psychotherapy - #90847 (45 minutes) Standard Session conjoint with client present	\$75.00	
	Report Preparation Fee Price per report requested	\$55.00	
	Court Appearance Fee \$200.00 per hour, minimum of 4 hours	\$800.00	
		Subtotal	
	Paid by Cash, Check # _____, or Credit	Total Due	

Make all checks payable to Bay Area Christian Counseling.

If you have any questions concerning this invoice please contact your clinician.

MAY GOD BLESS YOU AND KEEP YOU

“Speaking the truth in love, we are to grow up in every way into him who is the head, into Christ.”

EPHESIANS 4:15