

Resiliency Consultant & Therapeutic Services

Client Receipt

Date: _____ Client: _____

Office Service Fee

Individual Therapy (90806, 90837) \$120.00

Family Therapy (90847) \$120.00

Family Therapy- without client (90846) \$120.00 I

Group Therapy (90853) \$50.00

Diagnosis: Axis I: _____

Treatment services provided by: _____

Felice Hightower Britt, MA, LPC

License #: 10192

NPI #: 1235637745

Taxonomy#: 101YP2500X

Total fee: \$ _____

Payment: \$ _____

