

INVOICE FOR PSYCHOTHERAPY SERVICES

Date: _____

Client's Name: _____

Client's DOB: _____

Diagnosis: _____

To Whom it May Concern,

I have provided my client, _____ (*name*), with treatment related to the presenting clinical concerns of _____, and objective findings indicate that the reasons for psychotherapy include _____.

I have determined that the prognosis for my client is _____.

If you require further information or documentation, please contact me at (____)____-____.

Date of Service	Description of Service	Rate	Total Amount Due
Total Amount Paid			
Paid in Full			
Payment Type			

Therapist Name and Credentials