Ketamine Treatment Services

Patient Receipt

Appointment Date: _____

Provider Information:

Smith Family MD
Dr. Scott Smith
Provider License: 16211
Billing NPI: 1669027595
Provider NPI: 1972550283
Provider EIN: 84-2626186

Place of Service Code: 11
990 Lake Hunter Circle
Mount Pleasant, SC 29466

Office Phone: (843) 972-8136
Office Fax: 843-353-1983
Email:
Help@SmithFamilyMD.com

Patient Information:

Patient Name: _____ **Patient Address:** _____

_____

Date of Birth: _____ **Patient Phone:** _____

Treatment:

Date of Service	Billing Code	ICD10 Code	Qty	Fee	Dis	Total
	99214: Treatment for resistant depression	F33.2	1.00	$250.00	$0.00	$250.00

Total Charges:	$250.00
Total Discounts:	$0.00
Patient Paid:	$0.00
Insurance Paid:	$0.00
Patient Balance Due:	$250.00
Insurance Balance Due:	$0.00

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

Date: _____

Patient Signature: _____

Provider Signature: Scott Smith MD