

LYNNE COON, LPC

LICENSED PROFESSIONAL COUNSELOR
 1020 SW TAYLOR, SUITE 448, PORTLAND, OR 97205
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INVOICE DATE: 05/03/14

Client:	Birthdate:
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(May be filled out by client):

Address:	
SSN or Plan ID:	Group # :
Insured/Responsible Party (if not client):	Birthdate:
Address:	
Insured SSN or Plan ID:	Group # :

Date	Place of Service Code	CPT Code	Service Description or Payment Type	Diagnosis Code	Charges	Credits
01/07/14	11	90837	Individual Therapy	296.32	\$1000.00	\$1000.00

Previous Balance	\$ 0.00
New Charges	\$ 1000.00
New Credits	
Total Owed	\$ 0.00
Date Due	

Make Payment to:

- Client: _____ X _____
- Other: _____
- Lynne Coon, LPC _____

Lynne Coon, M.S., LPC

Licensed Professional Counselor, Lic. #C2375
 Tax ID: 27-3660091 NPI: 1033221296