

From CBTeam LLC  
83 Hartwell Avenue, 3rd Floor  
Lexington, MA 02421

## Statement for Insurance Reimbursement

To Test Client

Client | Test Client  
testclient@gmail.com  
DOB: 01/01/1970

Responsible Party  
Test Client  
(888)-888-8888  
testclient@gmail.com

Statement | 6324  
Issue Date | 2/8/2021

Provider | Provider McTherapy, PhD  
billing@cbteam.org  
NPI: #XXX  
License: Ph.D. #XXX

Practice | Tax ID: 81-4213059  
NPI: 166907462

DX	Diagnosis Code
1	F42.9 - Obsessive-compulsive disorder, unspecified

Date	Service	DX	Description (Insurance Place of Service)	Units	Fee	Paid
01/01/2021	90791-95	1	Psychiatric Diagnostic Evaluation (02)	1	\$200	\$200
01/08/2021	90834	1	Psychotherapy, 45m (49)	1	\$200	\$200

**Total Charges** \$400

**Total Paid** \$400

Make payments to: Test Client