

# Alexa Tangalakis, MA, LMFT

310.569.3188

Licensed Marriage and Family Therapist  
License #102026

4015 Jackson Avenue  
Culver City, CA 90232  
alexatangalakis@gmail.com

## BILLING FOR PROFESSIONAL SERVICES

Provider: Alexa Tangalakis, MA, LMFT #102026

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alexatangalakis@gmail.com • 310.569.3188

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Place of Services: ☐ Office ☐ Other \_\_\_\_\_

			Previous Balance	
Date of Service	CPT Code	Charge	Payment	Balance
Totals for this period				

Payment is due at the time services are rendered. Patient is responsible for payment of the entire balance. Patients will be charged for missed appointments not cancelled 24 hours in advance.

## EXPLANATION OF SERVICES

Procedures & Time	CPT Code
Psychiatric diagnostic evaluation	90791
Psychotherapy, 30 minutes with patient and/or family member	90832
Psychotherapy, 45 minutes with patient and/or family member	90834
Psychotherapy, 60 minutes with patient and/or family member	90837
Family psychotherapy without the patient present	90846
Family psychotherapy, conjoint psychotherapy with patient present	90847
Multiple-family group psychotherapy	90849
Group psychotherapy (other than of a multiple-family group)	90853
Psychotherapy for crisis, first 60 minutes	90839
Add-on for each additional 30 mins psychotherapy for crisis (use w/ 90839)	90840

## DIAGNOSIS

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 296.21 Major Depressive Disorder, mild                     | <input type="checkbox"/> 300.81 Somatization Disorder                                   | <input type="checkbox"/> 309.3 Adjustment Disorder w/ Disturbance of Conduct                                       |
| <input type="checkbox"/> 296.22 Major Depressive Disorder, moderate                 | <input type="checkbox"/> 304.80 Polysubstance Dependence                                | <input type="checkbox"/> 309.4 Adjustment Disorder w/ Mixed Disturbance of Emotions and Conduct                    |
| <input type="checkbox"/> 296.23 Major Depressive Disorder, w/out psychotic features | <input type="checkbox"/> 305.00 Alcohol Abuse   | <input type="checkbox"/> 309.9 Adjustment Disorder Unspecified   |
| <input type="checkbox"/> 296.90 Mood Disorder NOS                                   | <input type="checkbox"/> 305.20 Cannabis Abuse  | <input type="checkbox"/> 314.00 Attention Deficit/ Hyperactivity Disorder Predominantly Inattentive Type           |
| <input type="checkbox"/> 299.80 Pervasive Development Disorder NOS                  | <input type="checkbox"/> 305.20 Cocaine Abuse   | <input type="checkbox"/> 314.01 Attention Deficit/ Hyperactivity Disorder Predominantly Hyperactive-Impulsive Type |
| <input type="checkbox"/> 300.00 Anxiety Disorder NOS                                | <input type="checkbox"/> 307.1 Anorexia Nervosa   | <input type="checkbox"/> 314.00 Attention Deficit/ Hyperactivity Disorder NOS                                      |
| <input type="checkbox"/> 300.02 Generalized Anxiety Disorder                        | <input type="checkbox"/> 307.50 Eating Disorder NOS                                     |  |
| <input type="checkbox"/> 300.23 Social Phobia                                       | <input type="checkbox"/> 308.3 Acute Stress Disorder                                    |  |
| <input type="checkbox"/> 300.3 Obsessive Compulsive Disorder                        | <input type="checkbox"/> 309.81 Posttraumatic Stress Disorder                           |  |
| <input type="checkbox"/> 300.4 Dysthymic Disorder                                   | <input type="checkbox"/> 309.0 Adjustment Disorder w/ Depressed Mood                    |  |
| <input type="checkbox"/> 300.7 Body Dysmorphic Disorder                             | <input type="checkbox"/> 309.24 Adjustment Disorder w/ Anxiety                          |  |
| <input type="checkbox"/> 300.11 Conversion Disorder                                 | <input type="checkbox"/> 309.28 Adjustment Disorder w/ Mixed Anxiety and Depressed Mood |  |
| <input type="checkbox"/> Other _____  |   |  |

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_