

SERVICE LOG

Provider: _____

Patient Name	DOS- MO/DAY	Payment Amount	Check #, Cash, Chg.	Procedure Code	DX

PROCEDURE	CODE	PROCEDURE	CODE
Initial Evaluation	90791	Family therapy with pt present	90847
30 min session	90832	Family therapy without pt present	90846
45 min session	90834	Multifamily group treatment	90849
60 min session	90837	Group therapy	90853
Interactive complexity add on code	90785	Psychotherapy for patient in crisis	90839
		+ 30 min add on code for 90839	90840
Did not keep appt- Charge	DNKA	Cancel- Do not charge	CANCEL