James Grant

Family Therapist

1130 SW Morrison Ave
Suite 328
Portland OR 97205
jamesfgrant.com
503.307.7094
jamesfgrant@gmail.com

Billing Form

Client Name:
Client Address:

Date of Service:

CPT Code:

____	90832 : Psychotherapy	30 minutes
____	90834 : Psychotherapy	45 minutes
____	90837 : Psychotherapy	60 minutes
____	90847 : Family Therapy	60 minutes
____	90785 : Interactive Complexity	60 minutes
____	90853 : Group Therapy	90 minutes
____	90791 : Diagnostic Assessment	

AMOUNT DUE :

DSM-IV Code :
ICD 10:
Amount paid today:

Please return all payments, claims, and explanations of benefits to the client

James Grant MSW LCSW
State of Oregon #529
National Provider #150801628