

**Peg A Foley MA**

**Medical Receipt**

Date: \_\_\_\_\_ Client: \_\_\_\_\_

<b>Office Service</b>	<b>Fee</b>
Intake (90791)	\$200.00
Individual therapy (90837)	\$150.00
Family therapy (90847)	\$150.00
Family therapy-without client (90846)	\$150.00
Group therapy (90853)	\$47.00

Diagnosis: Axis I: \_\_\_\_\_

Treatment services provided by: \_\_\_\_\_  
Peg A. Foley MA

License # LF00000947  
NPI#: 1144313057

Total fee: \$ \_\_\_\_\_ Payment: \$ \_\_\_\_\_

Patient Signature: \_\_\_\_\_

(253) 272-4432      26812 118th Ave. E, Graham, WA 98338  
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