

Statement for Insurance Reimbursement

Provider Information

Name: Rachelle Bloksberg
License Type and #: Licensed Marriage and Family Therapist # 119841
Phone: (530) 263-1413
Email: rachel@rachelbloksberg.com

NPI#: 1326348558
Tax ID#: 87-4214748

Client Information

Name: Zoe Moshenberg

Date of Birth: 07/10/1993

Address:

Phone: (443) 717-1574
Email: zmoshenberg@gmail.com

Diagnosis: N/A

Date of Service	Code	Description of Service	Fee	Amount Paid
2/10/2022	N/A	Psychotherapy	\$150	\$150
2/17/2022	N/A	Psychotherapy	\$150	\$150
2/24/2022	N/A	Psychotherapy	\$150	\$150
3/03/2022	N/A	Psychotherapy	\$150	\$150
3/09/2022	N/A	Psychotherapy	\$150	\$150
3/17/2022	N/A	Psychotherapy	\$150	\$150
3/24/2022	N/A	Psychotherapy	\$150	\$150
3/31/2022	N/A	Psychotherapy	\$150	\$150
4/07/2022	N/A	Psychotherapy	\$150	\$150
4/14/2022	N/A	Psychotherapy	\$150	\$150
4/28/2022	N/A	Psychotherapy	\$150	\$150
5/12/2022	N/A	Psychotherapy	\$150	\$150
5/19/2022	N/A	Psychotherapy	\$150	\$150

Total 1950