PROVIDER NAME	
OFFICE LOCATION	

PLACE OF SERVICE DESCRIPTION		
11	VISIT WAS FACE-TO-FACE VISIT AT PROVIDER OFFICE	
10	VISIT WAS VIRTUAL VISIT - PATIENT AT HOME	
2	VISIT WAS VIRTUAL VISIT - PATIENT NOT AT HOME	

DATE	PATIENT FULL LEGAL NAME	CPT CODE	ADD-ON	LOCATION			DIAGNOSIS		CASH/CC/ CHECK#	PT PAY AMOUNT
				11	10	2	1 3	2 4		
				11	10	2	1 3	2 4		
				11	10	2	1 3	2 4		
				11	10	2	1 3	2 4		
				11	10	2	1 3	2 4		
				11	10	2	1 3	2 4		
				11	10	2	1 3	2 4		
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				11	10	2	1 3	2 4		
				11	10	2	1 3	2 4		
				11	10	2	1 3	2 4		
				11	10	2	1 3	2 4		
				11	10	2	1 3	2 4		

CPT	DESCRIPTION	TIME	CPT	DESCRIPTION	TIME
99202	New PT E&M - Straightforward	15-29 min	99212	Established PT E&M - Straightforward	75+ min
99203	New PT E&M - Low	30-44 min	99213	Established PT E&M - Low	10-19 min
99204	New PT E&M - Moderate Risk	45-59 min	99214	Established PT E&M - Moderate	20-29 min
99205	New PT E&M - High Risk	60-74 min	99215	Established PT E&M - High	30-39 min
90791	Psych Diagnostic Evaluation	N/A	90833	Psychotherapy Add-on - 30 Minutes	16-37 min
90792	Psych Diagnostic Evaluation w/Med Srv	N/A	90836	Psychotherapy Add-on - 45 Minutes	38-52 min
90785	Interactive Complexity	N/A	90838	Psychotherapy Add-on - 60 Minutes	53+ min