

FertilityCare Center of  
 Address  
 City, State Zip

Phone

Invoice# \_\_\_\_\_

Tax ID#

CLIENT NAME	DATE OF BIRTH	CLIENT #	DATE OF SERVICE
ADDRESS	CLIENT PHONE		TIME SPENT
CITY, STATE	ZIP	REFERRED BY	SERVICE LOCATION

√	FERTILITYCARESERVICE	CPT Code	Amount
	Modified Follow-up Session	99402 Individual 30 min.	
	60 minute Follow-up Session	99404 Individual 60 min.	
	Extended Follow-up Session	99404 Individual 60 min. plus	
	Introductory Session/ Individual	99404 Individual 60 min.	
	Introductory Session/Group	99412 Group 60 min.	
	Full program fee (1 yr/ 8 follow-ups)	99404 Individual 60 min. (x 8)	
√	<b>SUPPLIES</b>		
	Chart and/or stamps	99070 Supplies and materials	
	User manual or picture dictionary	99071 Educational supplies	

√	ICD-10-CM	Reason for encounter
	Z30.02	Counseling and instruction in natural family planning to avoid pregnancy
	Z31.61	Procreative counseling and advice using natural family planning

		RECEIPT	
		OFFICE SERVICES	
		TOTAL SUPPLIES	
Provider Signature and Credentials		TODAY'S CHARGES	
		PRIOR BALANCE	
		AMOUNT RECEIVED	
Print first name, last name of provider		BALANCE DUE	

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