

**CALIFORNIA CENTER FOR HEALING, Inc.**

600 S. Lake Avenue, Suite 506  
Pasadena, CA 91106  
www.DrsBercaw.com

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

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Services Rendered:

CPT CODE	DATE(S) OF SERVICE	# OF VISITS	FEE	TOTAL AMOUNT
90834 – Individual Psychotherapy (50 min)				
90837 – Individual Psychotherapy (60 min)				
90853 – Group Psychotherapy				
90847 – Family Psychotherapy				
90847 – Conjoint Psychotherapy				

Diagnosis Code: \_\_\_\_\_

TOTAL CHARGES: \_\_\_\_\_

TOTAL PAID: \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

Service Provider:

William Bercaw, PsyD  
License: PSY 18848  
TAX ID: 27-0493537

Ginger Bercaw, PsyD  
License: PSY 18014  
TAX ID: 27-0493537

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date