

# **EXPLANATION OF CHARGES COUNSELING RESOURCE CENTER INC**

**Ellen A. Sherman, Ph.D.  
Florida License MFT 0001430  
Florida License MHC 0002622  
Federal Tax ID # 65-0403330  
National Provider #1295850972**

**Patient Name:**

**Psychotherapy Code (45-50 minutes):**

**Therapy Date:**

**Fee:**

**Total Fee:**

**Diagnosis:**

**DSMV Code:**

All services performed in office unless otherwise noted.

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**Patient Signature: I authorize my provider to release to my insurance company all information necessary to process this claim.**

**X**

**Date**

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Signature of Patient

**Ellen A. Sherman, Ph.D**

561-361-0670

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