

# PEAK PERFORMANCE INSTITUTE

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**Client:**  
**Address:**

**Date:**  
**DOB:**

**DX Code:**

CPT Code	Fee	CPT Code	Fee
90791 Diagnostic Evaluation	_____	96101 Psych Assessment by Ph.D.	_____
90832 Individual 30 min.	_____	96102 Psych Assessment by Clinician	_____
90834 Individual 45-50 min.	_____	96103 Psych Assessment by Computer	_____
90837 Individual 60 min.	_____	96118 Neuropsych Assessment by Ph.D.	_____
90875 Neurotherapy 30 min.	_____	96119 Neuropsych Assessment by Clinician	_____
90875 Biofeedback 30 min.	_____	96120 Neuropsych Assessment by Computer	_____
97532 Cognitive Training	_____	95957 QEEG Data Acquisition	_____
98967 Phone Consult 15-30 min.	_____	90889 Report Preparation	_____
98968 Phone Consult 45-50 min.	_____	90887 Results Interpretation	_____
90853 Group Therapy	_____	90899 Emergency Services	_____
90847 Family ___ min.	_____	Audio/Video	_____
90846 Family w/o Pt. ___ min.	_____	Book	_____
		Deposit	_____
		Other	_____

Balance/Credit: \_\_\_\_\_  
 Current Charges: \_\_\_\_\_  
 Total Amount Due: \_\_\_\_\_  
 Payment: \_\_\_\_\_  
 Balance/Credit: \_\_\_\_\_

Next Appointment: \_\_\_\_\_

***This receipt is confidential and for personal use only.  
 Please retain a copy of this receipt. Duplicates provided for \$25 each.***