



Julie Y. Low, M.D.

Child, Adolescent, Adult, and Forensic Psychiatry

Receipt for Psychiatric Services:

Patient Name: _____

Patient DOB: _____

Patient SS#: _____

Appointment Date: _____

Appointment Time: _____

Appointment Type (procedure code):

- 60 min. Initial Psychiatric Evaluation (90801)
- 20 min. Medication Management Visit (90862)
- 30 min. Medication Management Visit (90862)
- 30 min. Psychotherapy with Medication Management (90805)
- 50 min. Psychotherapy with Medication Management (90807)
- 50 min. Psychotherapy Visit (90806)

Diagnosis (Diagnosis Code):

Visit Cost: _____

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