

# Mental Health Therapy Reimbursement Form

## Client Information

Name

Date of Birth

Phone

Email

Address

## Therapist Information

Therapist Name

License Number

Therapist Address

Therapist Phone

Therapist Email

## Session Information

Date of Service

Type of Service

Session Duration (minutes)

Amount Charged

Amount Requested for Reimbursement

Diagnosis Code (if applicable)

## Additional Information

Notes