

Psychotherapy Office of Jessica Cliff, M.S., LMFT

License # MFC 45576

Tax ID# 430416100

925-899-9238

jessicaciffmft@yahoo.com

Serving teens, adults, and couples

The purpose of this statement is to provide verification of payments made to me, Jessica Cliff by the client listed below. Should there be any questions regarding this statement, please call Jessica Cliff at the number listed above.

Clients Name

Insurance ID #

Address

Social Security Number

Employer Name

Insurance Carrier

Disorder

Date of onset

Provider Signature & Title

Today's Date

Date

CPT/Procedural Code

Fee Paid

Total: _____

Client Signature: _____