

NOVA NEUROPSYCHIATRY, PLLC
 6723 Whittier Ave, Suite 304, McLean, Virginia, 22101
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 Email: office@novaneuropsychiatry.com

Appointment Date & Time:					
Patient Name:			Gender:		DOB:
Home Address:					
Phone:			E-Mail:		
Reason For Presentation:			Referring Provider:		
Rendering Provider: ALEXANDRU SERGHI, M.D.			Rendering Provider VA License: 0101257686		
Point Of Service: 6723 Whittier Ave, Suite 304, McLean, Virginia, 22101		NPI: 1366673386		TIN: 83-1835099	
CPT Code		Description			
99205		Office/Outpatient Visit, New (60 min)			
99214		Office/Outpatient Visit, Established (25-30 min)			
99215		Office/Outpatient Visit, Established (45-50 min)			
99354		Prolonged Services (additional 60min)			
ICD CODES					
ICD-10		Description			
F					
F					
F					
F					
Charges: \$			Payment: \$		Balance: \$
CASH	CHECK	VISA	MC	AMX	DS
Card Number Ending In:				Expiration Date:	

Rendering Provider's Signature: