Superbill

Statement for insurance reimbursement

Provider

Provider name and credentials

License number and state

Practice name

Address

Phone

Email

Individual NPI

Group NPI

Tax ID (TIN or EIN)

Client

Client name

Date of birth

Address

Phone

Insurance company

Member ID

Diagnosis codes (ICD-10)

	Code	Description
A		
B		
C		
D		

Services

Date	POS	CPT	Mod	Dx	Units	Fee	Charge	Paid

POS is the place of service code: 11 office, 10 telehealth with the client at home, 02 telehealth with the client elsewhere. Dx is the diagnosis letter from the list above.

Total charges

Total paid

Balance due

Provider signature

Date