

Superbill

Provider Information				Patient Information			
Practice Name Caring Counselors inc.				Patient First Name(s) Lyn Anne	Patient Last Name Jeffries	Date of Birth 04/15/1971	Patient Phone 555-5555
Practice Address 123 North Sample Street, Exampleton, 12345				Patient Address 456 South Sample Road, Exampleton, 12345			
Provider's Name Dr Beth Harker		Provider NPI Number 123-456-7890		Provider email bharker@example.co			
Referring Provider NPI number (if applicable)		Referring Provider name (if applicable)		Patient's Insurance Information			
				Insurance Carrier A1 Insurance		Insurance Plan Comprehensive Plan II	Contact Number 555-5555
				Policy Number 143543	Group Number 143	Copay \$25	Social Security Number 123456789
Procedure Information							
Date of Procedure	CPT Code	CPT Description	Units	Modifier	Fees	Amount Paid	Amount Due
08/10/2022	90837	Psychotherapy 60 minute session	1	95	\$200	\$25	\$175
08/17/2022	90837	Psychotherapy 60 minute session	1	95	\$200	\$25	\$175
08/24/2022	90837	Psychotherapy 60 minute session	1	95	\$200	\$25	\$175
Diagnoses							
Diagnosis							ICD-10 Code
Anxiety Disorder							F41. 9
Total Charges: \$600 Total Paid: \$75 Total Due: \$525 Provider Name: Beth Harker Provider Signature: 							