

Superbill

| Provider information | | | | Patient information | | | |
|--|----------|--------------------|-------|-----------------------|------|-------------------------|----------------------------|
| Practice name: | | | | First name: | | Last name: | |
| Practice address: | | | | Date of birth: | | Phone number: | |
| Provider's name: | | | | Address: | | | |
| Provider NPI number: | | | | Insurance information | | | |
| Provider email: | | | | Insurance carrier: | | Insurance plan: | |
| Referring provider name (if applicable): | | | | Contact number: | | Policy number: | |
| Referring provider NPI number (if applicable): | | | | Copay: | | Social security number: | |
| Procedure information | | | | | | | |
| Date of procedure | CPT code | CPT description | Units | Modifier | Fees | Amount paid | Amount due |
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| Diagnoses | | | | | | ICD-10 code | |
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| Total charges: | | Total paid: | | Total due: | | Provider name: | Provider signature: |