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

Diagnoses	ICD-10 code

Total charges:	Total paid:	Total due:	Provider name:	Provider signature:

Powered by carepatron