Superbill

Provider Information

Practice Name		
Practice Address		
Provider's Name	Provider NPI Number	Provider email
Referring Provider NPI number (if applicable)	Referring Provider name (if applicable)	

Patient Information

Patient First Name(s)	Patient Last Name	Date of Birth	Patient Phone
Patient Address			

Patient's Insurance Information

Insurance Carrier	Insurance Plan	Contact Number	
Policy Number	Group Number	Copay	Social Security Number

Procedure Information

Date of Procedure	CPT Code	CPT Description	Units	Modifier	Fees	Amount Paid	Amount Due

Diagnoses

Diagnosis	ICD-10 Code

Total Charges: **Total Paid:** **Total Due:** **Provider Name:** **Provider Signature:**