

Superbill

Provider information		Patient information					
Practice name:		First name:		Last name:		Date of birth:	
Practice address:		Phone number:			Tax ID/EIN:		
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:	