Superbill

Statement for out of network insurance reimbursement: therapy services

Services already paid by the client · one line per date of service · client submits to their plan

Provider

Practice name | Superbill no. | Date issued

Provider name and credentials | License no. and state | Phone

Individual NPI (rendering) | Group NPI (if practice bills) | Tax ID (EIN)

Practice address (street, city, state, ZIP)

Client (exactly as on the insurance card)

Client full name | Date of birth | Insurance member ID

Client address | Group no. | Policyholder, if not client

Diagnosis codes (ICD-10-CM, fully specified, primary first)

A. | B. | C. | D.

Services (one line per date of service)

Date	POS	CPT	Mod	Description (service, minutes)	Dx	Units	Fee $	Paid $

Total charges $ | Total paid by client $ | Balance due $ | Payment method and dates

Place of service: 11 office · 02 telehealth, client not at home · 10 telehealth, client at home

Modifiers: 95 video (audio and video, real time) · 93 audio only · follow the plan's policy

Common CPT: 90791 intake eval · 90832 / 90834 / 90837 individual 16-37 / 38-52 / 53+ min
90846 family, client absent · 90847 family or couples, client present · 90853 group

Corrected superbill? Replaces no. | Dated | Reason (code, modifier, POS, ID)

I certify that the services listed were provided by me on the dates shown and that the charges are my usual fees.

Provider signature | Date

Template to adapt. Not billing or coding advice. Check current CPT and ICD-10-CM and the client's plan rules.
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Superbill

Statement for out of network insurance reimbursement: therapy services

FILLED EXAMPLE · fictional practice, clinician, client and placeholder identifiers

Provider

Practice name: Harbor Light Counseling
Superbill no.: 2026-11-014
Date issued: 11/30/2026

Provider name and credentials: R. Nguyen, LPC (fictional)
License no. and state: LPC 00000, [State]
Phone: (000) 000-0000

Individual NPI (rendering): 0000000000 (ex.)
Group NPI (if practice bills): n/a (solo)
Tax ID (EIN): 00-0000000 (ex.)

Practice address (street, city, state, ZIP): 48 Example Avenue, Suite 2, Springfield, [State] 00000

Client (exactly as on the insurance card)

Client full name: Morgan L. (fictional)
Date of birth: 08/21/1988
Insurance member ID: XXX000000000 (ex.)

Client address: 12 Sample Road, Springfield, [State] 00000
Group no.: 000000
Policyholder, if not client: Self

Diagnosis codes (ICD-10-CM, fully specified, primary first)

A. F41.1 Generalized anxiety
B.
C.
D.

Services (one line per date of service)

Date	POS	CPT	Mod	Description (service, minutes)	Dx	Units	Fee $	Paid $
11/02/2026	11	90791		Diagnostic evaluation (intake)	A	1	200.00	200.00
11/09/2026	11	90837		Individual psychotherapy, 55 min	A	1	160.00	160.00
11/16/2026	10	90837	95	Individual, 54 min, video, home	A	1	160.00	160.00
11/23/2026	11	90834		Individual psychotherapy, 45 min	A	1	130.00	130.00

Total charges $: 650.00
Total paid by client $: 650.00
Balance due $: 0.00
Payment method and dates: Card, on each date of service

Place of service: 11 office · 02 telehealth, client not at home · 10 telehealth, client at home

Modifiers: 95 video (audio and video, real time) · 93 audio only · follow the plan's policy

Common CPT: 90791 intake eval · 90832 / 90834 / 90837 individual 16-37 / 38-52 / 53+ min
90846 family, client absent · 90847 family or couples, client present · 90853 group

Corrected superbill? Replaces no.
Dated
Reason (code, modifier, POS, ID)

I certify that the services listed were provided by me on the dates shown and that the charges are my usual fees.

Provider signature: R. Nguyen, LPC
Date: 11/30/2026

Template to adapt. Not billing or coding advice. Check current CPT and ICD-10-CM and the client's plan rules.
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Before You Submit: Superbill Checklist

Ten checks for every superbill, plus a log to follow each claim to the EOB

Before you submit

- [ ] 1. Name, date of birth and member ID match the insurance card.
- [ ] 2. Plan has out of network mental health benefits (checked).
- [ ] 3. Provider name, credentials and license number are listed.
- [ ] 4. Individual NPI and Tax ID are on the superbill.
- [ ] 5. One line per date of service, no sessions bundled.
- [ ] 6. POS fits where the client was: 11, 02 or 10.
- [ ] 7. CPT code fits the minutes; modifier 95 or 93 if telehealth.
- [ ] 8. Diagnosis code is valid and fully specified (not F41 or F43.2).
- [ ] 9. Fee, amount paid and $0 balance shown; provider signed it.
- [ ] 10. Sent before the plan's deadline with its claim form; copy kept.

Reimbursement log: one row per superbill sent to the plan

	Dates of service	Sent (date, how)	Billed $	EOB date	Allowed $	Paid to me $	Next step
1.							
2.							
3.							
4.							
5.							
6.							

Reading the EOB:

Plans pay a share of the allowed amount, not of the fee, after the deductible. $0 paid while the deductible is not met is normal. Denied? Check the remark code and ask for a corrected superbill.

Template to adapt. Not billing or coding advice. Check current CPT and ICD-10-CM and the client's plan rules.

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