**Super bill**

**Name of therapist**

**Address**

**City, State, Zip**

**Office phone number**

**State license number**

**Tax ID number**

**NPI number**

**Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Profession Service Rendered on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Codehttp://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gif            Servicehttp://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gif    Fee**

**\_\_\_\_90801http://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gifDiagnostic Evaluationhttp://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gif\_\_\_\_\_\_\_**

**\_\_\_\_90804http://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gifIndividual psychotherapy      \_\_\_\_\_\_\_**

**\_\_\_\_90806http://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gifIndividual psychotherapyhttp://www.nymhca.org/tp.gif\_\_\_\_\_\_\_**

**\_\_\_\_90831http://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gifTelephone consult http://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gif     \_\_\_\_\_\_\_**

**\_\_\_\_90847http://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gifFamily psychotherapyhttp://www.nymhca.org/tp.gif     \_\_\_\_\_\_\_**

**\_\_\_\_90853http://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gifGroup psychotherapy            \_\_\_\_\_\_\_**

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**\_\_\_\_http://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gif    Otherhttp://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gif                 \_\_\_\_\_\_\_**

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**Thank youhttp://www.nymhca.org/tp.gif                Paymenthttp://www.nymhca.org/tp.gifhttp://www.nymhca.org/tp.gif       \_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(signature)**