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

**Code            Service    Fee**

**\_\_\_\_90801Diagnostic Evaluation\_\_\_\_\_\_\_**

**\_\_\_\_90804Individual psychotherapy      \_\_\_\_\_\_\_**

**\_\_\_\_90806Individual psychotherapy\_\_\_\_\_\_\_**

**\_\_\_\_90831Telephone consult      \_\_\_\_\_\_\_**

**\_\_\_\_90847Family psychotherapy     \_\_\_\_\_\_\_**

**\_\_\_\_90853Group psychotherapy            \_\_\_\_\_\_\_**

**\_\_\_\_    Care Summary report \_\_\_\_\_\_\_**

**\_\_\_\_    Other                 \_\_\_\_\_\_\_**

**                      Today’s Charges     \_\_\_\_\_\_\_**

**Thank you                Payment       \_\_\_\_\_\_\_**

**                      Balance due \_\_\_\_\_\_\_**

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

**(signature)**