Superbill

ITEMIZED BILL FOR AN OUT-OF-NETWORK INSURANCE CLAIM

PROVIDER

Provider name _____

Practice address _____

_____

Tax ID (EIN or SSN) _____

NPI *(some insurers ask)* _____

CLIENT

Client name _____

Statement date _____

Place of service *(some insurers ask)* _____

DATE OF SERVICE	DESCRIPTION OF SERVICE	PROCEDURE CODE	DIAGNOSIS CODE	UNITS*	CHARGE

Total charges _____ Amount paid by client* _____ Date paid* _____

How the client uses it. Attach this superbill to the insurer's own member claim form; behavioral health may have a separate form. File within the plan's deadline: Cigna's forms say 180 days from the session unless the plan or state law allows more. One line per session. A superbill is usually not the route for Medicare clients: enrolled providers must file Medicare claims themselves.

Template from medtransic.com/resources/superbill-for-therapists. Unmarked items appear on at least three insurers' member claim forms (Aetna, Cigna, UnitedHealthcare, Anthem, BCBS Texas). Items marked "some insurers ask" or * (units, proof of payment) appear on fewer. The statement date is for your records. Medtransic, (888) 777-0860.