Superbill (itemized statement for insurance)

For the practice to complete. Every code, modifier and fee is entered by the practice; nothing is pre-filled. The patient submits this with their plan's claim form.

Practice and provider

Practice name

Phone

Statement date

Address

Federal tax ID (EIN)

Group / billing NPI

Treating provider and credentials

Provider NPI

License number

Patient and insurance

Patient name

Date of birth

Patient account no.

Address

Phone

Relationship to insured

Insurance plan

Member ID

Group number

Insured's name, if not the patient

Referring provider and NPI (if any)

Diagnosis codes (ICD-10-CM)

A			**B**			**C**		
D			**E**			**F**		

Services

Date of service	Place of service	CPT / HCPCS	Modifier(s)	Description (include eye: right / left)	Dx pointer	Units	Charge

Payment method and date paid

Total charges

Amount paid by patient

Balance due

Provider signature

Date

Place of service, procedure, modifier and diagnosis fields follow the boxes of the standard CMS-1500 claim form. Check each payer's own requirements.