

Super Bill

A Super Bill is a receipt/invoice that contains information that insurance companies require in order to consider requests for reimbursement. Please note that if you plan to provide this information to your flexible spending company, it is advised to black out any information you wish to keep confidential.

Your signature indicates that you have read the above, had explained to you where necessary, and that you fully understand and agree with its contents.

Signature: _____ Date: _____

Name: _____
 (Last) (First) (Middle Initial)

Signature: _____ Date: _____

Name: _____
 (Last) (First) (Middle Initial)

Date of Service	Therapist	Client Name and DOB	Amount Received	CPT Code: Description	CPT Code: Change status	Diagnosis: (ICD-10) Code(s)
Date: _____	Christina G Duffy, MA, LMFT 86699	Name: _____ DOB: _____	\$125	90837 Individual Psychotherapy 60 min. (face to face) <input type="checkbox"/> With family member <input type="checkbox"/> Without family member	<input type="checkbox"/> 5060M / no change <input type="checkbox"/> 5066M / improved <input type="checkbox"/> 5067M / worse	F41.1 Generalized Anxiety Disorder

Prepared by Christina Duffy, LMFT 86699 (signature and date) _____