**SUPERBILL TEMPLATE**

YOUR PRACTICE NAME

YOUR NAME

PROFESSIONAL LICENSE NUMBER

| Name of Patient:  | Street Address: |
| --- | --- |
| Phone:  | City: |
| Date of Birth: | State: Zip Code: |

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| --- | --- | --- | --- | --- | --- | --- |
| Service Date | # of Sessions | Diagnosis | Place of Service (POS) | CPT Code | Session Fee | Amount Paid |
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| Practice Name: PRACTICE NAME HERE | Billing Provider/Tax ID (EIN) Number: |
| --- | --- |
| Clinician Name/Credentials: CLINICIAN NAME & CREDENTIALS HERE | Billing NPI Number: |
| Practice Street Address:  | City:  |
| State:  | Zip:  |
| Provider Phone Number:  | Provider Email:  |

Quick Guide for Common CPT Codes:

\*\*\* Use Modifier “GT” or “95”, when doing telehealth sessions an example would be “90837-95”.\*\*\*

| **CPT Code** | **Service Description** | **CPT Code** | **Service Description** | **POS Code** | **Description** |
| --- | --- | --- | --- | --- | --- |
| 90791 | Initial Evaluation | 90846 | Family Psychotherapy without Patient | 02 | Telehealth |
| 90832 | 30 Minute Psychotherapy | 90847 | Family Psychotherapy with Patient | 11 | Main Office |
| 90834 | 45 Minute Psychotherapy | 90853 | Group Psychotherapy | 12 | Place of Residence |
| 90837 | 60 Minute Psychotherapy | 90839 | 60 Minute Crisis Psychotherapy |  |  |