SUPERBILL

Itemized statement of services for insurance reimbursement

BLANK FORM

This is not an insurance claim. It is an itemized receipt the patient submits to their own insurer to request out-of-network reimbursement. An asterisk marks the fields payers most often reject a superbill for missing.

1 PROVIDER AND PRACTICE

Practice / legal business name *

Provider name and credentials *

Individual NPI (Type 1) *

Group NPI (Type 2, if billing as a group)

Tax ID — EIN or SSN *

State license number and state

Practice street address *

City / State / ZIP *

Phone *

Email or fax

Taxonomy code (specialty, if your payer asks for it)

Referring provider and NPI (if applicable)

2 PATIENT AND COVERAGE

Patient full legal name, exactly as on the insurance card *

Date of birth (MM/DD/YYYY) *

Patient street address *

City / State / ZIP *

Patient phone

Insurance company / plan name *

Member ID *

Group number

Subscriber name, if not the patient

Relationship to subscriber

3 DIAGNOSES (ICD-10-CM)

Ref	ICD-10-CM code	Description
A		
B		
C		

Use the reference letter in the Dx column below to link each service line to the diagnosis that justifies it.

4 SERVICES RENDERED

Date of service *	POS *	CPT / HCPCS *	Modifier	Description of service	Dx *	Units	Charge *

POS = place of service code. 11 is an office, 10 is telehealth in the patient's home, 02 is telehealth elsewhere. One line per service, per date. Never combine dates into a single total.

5 PAYMENT SUMMARY

Total charges	$
Total paid by patient	$
Payment method and date	
Prior authorization / referral number (if applicable)	
Balance due	**$**

I certify that the services listed above were rendered by me or under my supervision, that the diagnosis and procedure codes reflect the services documented in the patient's record, and that the amounts shown were charged to and paid by the patient named above.

Provider signature *

Printed name and credentials

Date *

For the patient: submit this document to your insurer with their out-of-network claim form. Reimbursement depends on your plan's out-of-network benefits and your deductible, and it is never guaranteed. **For the practice:** a superbill is a receipt, not a claim. If you bill payers directly, use a CMS-1500 or an 837P instead.
Free superbill template from Pabau — pabau.com/templates/superbill-template/

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FILLED-IN SAMPLE

Sample only. The practice, patient, identifiers, and fees below are invented, and the codes are illustrative. Bill only the codes that match the services you documented.

1 PROVIDER AND PRACTICE

Practice / legal business name
Northside Wellness & Weight Management, PLLC

Provider name and credentials
Dana R. Whitfield, NP

Individual NPI (Type 1) (1)
1234567890

Group NPI (Type 2)
Not applicable — solo provider

Tax ID — EIN (2)
12-3456789

State license number and state
NP-456789, NY

Practice street address
418 Halstead Avenue, Suite 3

City / State / ZIP
Rochester, NY 14607

Phone
(585) 555-0148

Email
billing@example-practice.com

2 PATIENT AND COVERAGE

Patient full legal name (3)
Maria L. Alvarez

Date of birth
03/14/1984

Patient street address
27 Linden Court

City / State / ZIP
Rochester, NY 14620

Insurance company / plan name
Sample Health Plan (PPO)

Member ID / Group number
SHP123456789 / 00123

3 DIAGNOSES (ICD-10-CM)

Ref	ICD-10-CM code	Description
A	E66.812	Obesity, class 2
B	Z68.37	Body mass index (BMI) 37.0–37.9, adult

4 SERVICES RENDERED

Date of service	POS (4)	CPT	Modifier	Description of service	Dx (5)	Units	Charge
06/03/2026	11	99204	—	New patient office visit, 45–59 minutes	A, B	1	$285.00
07/08/2026	11	99214	—	Established patient office visit, 30–39 minutes	A, B	1	$165.00

5 PAYMENT SUMMARY

Total charges	$450.00
Total paid by patient	$450.00
Payment method and date	Card, 07/08/2026
Balance due (6)	**$0.00**

I certify that the services listed above were rendered by me or under my supervision, that the diagnosis and procedure codes reflect the services documented in the patient's record, and that the amounts shown were charged to and paid by the patient named above.

Dana R. Whitfield (7)
Provider signature

Dana R. Whitfield, NP
Printed name and credentials

07/08/2026
Date

WHY THE NUMBERED FIELDS MATTER

(1) **Individual NPI.** The 10-digit identifier the payer uses to look you up. A superbill without it usually comes straight back.

(2) **Tax ID.** The EIN or SSN the reimbursement is reported against. Use the number your practice files under.

(3) **Patient name.** Spell it exactly as it appears on the insurance card, including middle initial. A mismatch is treated as a different member.

(4) **Place of service.** 11 for an office visit, 10 for telehealth in the patient's home. The setting has to match the visit.

(5) **Diagnosis pointer.** The letters link each service line to the diagnosis that justifies it. Without them the payer cannot judge medical necessity.

(6) **Balance due.** State it even when it is zero. The insurer reimburses the patient for what they actually paid.

(7) **Signature and date.** An unsigned superbill reads as a draft. Sign every copy you hand over.

Codes are illustrative. CPT 99204 and 99214 are office visit codes, and E66.812 must be reported with a BMI code from the Z68 range. Select codes from your own documentation.