

# SUPERBILL TEMPLATE

## Practice & Provider Information

Practice Name: _____	Billing Provider: _____	NPI (Rendering): _____
Address: _____	NPI (Billing): _____	Tax ID: _____
Practice Phone: _____	Practice Fax: _____	

## Patient & Insurance Information

Patient Name: _____	DOB: _____	Pt Phone: _____
Address: _____		
Insurance: _____	Policy/ID #: _____	Group #: _____
Ins Phone: _____	Date of Service: _____	Place of Service: _____

## Diagnosis Codes (ICD-10)

<b>1. Primary</b>	_____	<b>2. Secondary</b>	_____
<b>3. Tertiary</b>	_____	<b>4. Quaternary</b>	_____

## Procedures (CPT / HCPCS) & Charges

Code	Modifier	Description	Units	Fee / Charge

## Billing Totals

Total Charges: \$ _____	Patient Payment: \$ _____	Balance Due: \$ _____
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**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DISCLAIMER: These templates are educational examples only and should be adapted to each practice, payer, specialty, contract, and local/state requirements. They are not legal, coding, billing, or reimbursement advice.