

LIVE WELL COUNSELING AND TRAINING

Theresa Wray, LCSW, LCADC

MyLiveWellPath.com | 609-206-7435

NPI: _____ Tax ID: _____

SUPERBILL

PATIENT INFORMATION	
Patient Name: _____	Date of Birth: _____
Address: _____	Phone: _____
Insurance Company: _____	
Policy/Member ID: _____	Group Number: _____

SERVICES RENDERED				
Date	CPT Code	Description	ICD-10 Code	Fee
TOTAL AMOUNT DUE:				\$ _____

Common CPT Codes for Psychotherapy:

90791	Psychiatric Diagnostic Evaluation (intake, no medical services)
90832	Psychotherapy, 30 minutes

90834	Psychotherapy, 45 minutes
90837	Psychotherapy, 60 minutes
90846	Family psychotherapy without patient present
90847	Family psychotherapy with patient present
90853	Group psychotherapy

I certify that the above services were provided and medically necessary.

Provider Signature: _____ Date: _____

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Instructions for Insurance Reimbursement:

1. Submit this superbill to your insurance company for out-of-network reimbursement
2. Contact your insurance provider for specific claim submission procedures
3. Keep a copy for your records
4. Reimbursement rates and coverage vary by plan - contact your insurance for details