

Super-Bill / Statement for Insurance Reimbursement

Outpatient Psychotherapy Services

psyfitechnologies.com/billing-guide

PROVIDER INFORMATION

Provider Name	Practice Name
Address	Phone
NPI	Taxonomy Code
Tax ID (EIN)	

PATIENT / SUBSCRIBER INFORMATION

Patient Name	Date of Birth
Member/Subscriber ID	Group #
Insurance Company	Relationship to Subscriber

SERVICES RENDERED

Date	CPT	Description	Mod	Units	ICD-10	Fee	Paid	Balance

TOTALS

Total Charges:

Total Paid:

Total Balance:

COMMON CPT CODES REFERENCE

90791 - Psych diagnostic eval | 90832 - Psychotherapy 16-37 min
90834 - Psychotherapy 38-52 min | 90837 - Psychotherapy 53+ min
90846 - Family w/o patient | 90847 - Family w/ patient
90785 - Interactive complexity (add-on) | 96127 - Brief emotional/behavioral assessment

PROVIDER ATTESTATION & SIGNATURE

I certify that the services listed above were provided to the patient and are accurate.

Provider Signature _____ Date _____

Printed Name _____ Credential _____

NPI _____

PATIENT INSTRUCTIONS FOR OUT-OF-NETWORK REIMBURSEMENT

Mail or upload this form to your insurance company with the provider's NPI and Tax ID. Contact your insurer for specific submission instructions and reimbursement timelines.