SUPERBILL

Encounter Charge Slip

Provider / Practice Information

Practice / Clinic Name	
Provider Name	
Provider NPI	
Tax ID / EIN	
Practice Address	
Phone	

Patient Information

Patient Name	
Date of Birth	
Patient ID / MRN	
Insurance / Payer	
Member ID	
Group #	

Encounter Details

Date of Service	
Place of Service	
Referring Provider (if any)	
Referring Provider NPI	
Authorization # (if req.)	

Diagnoses (ICD-10)

#	ICD-10 Code + Description
1	
2	
3	

#	ICD-10 Code + Description
4	

Services / Procedures (CPT/HCPCS)

CPT/ HCPCS	Description	Modifiers	Dx Pointers	Charge ($)

Signatures

Rendering Provider Signature	
Date Signed	
Patient / Guardian Signature	

Notes