

Insurance Superbill

Patient Name:					Patient Date	Patient Date of Birth://					
Name of Policy Holder:					Policy Holder	_ Policy Holder Date of Birth: / /					
Name of Insurance Plan:					Plan ID# (Account#):						
Procedure	s (CPT Codes):						6 1	D			
Code	Procedure	Code	Procedure			Code	Procedure				
90791	Diagnostic Evaluation		90837	Psychotherapy 60min			90875	Interactive Add-on			
90832	Psychotherapy 30min		90839	Crisis Therapy, 1 st 60min			90847	Family Therapy w/pt. present			
90834	90834 Psychotherapy 45min		90840	Crisis Therapy, ea.		90846	Fam	mily Therapy w/o			
30034	7 Sychietherapy terms			Additional 30min				pt. present			
Date of S	service Pr	ocedure (CP	T Code)	Fee	· ***	Paid			Balar	nce	
7 /22	12018	90091		\$	225	\$	225		\$	0	
	12018	90791	an ent	\$	150	\$	150		\$	0	
2/1	1248 9	10834 .	10873	\$	130	\$	10-		\$		
/				\$		\$			\$		
//											
Total:				\$_	375	\$	775		\$	0	
Patient's Diagnosis (ICD-10 Code): F&4. 0											
Provider Name: License Type: Provider EIN# (Tax ID#): Provider NPI#: Nien-Tzu Kuo CA LMFT 103988 82-3985161 1891203840											
	A. I. I										

Provider Address:

1525 McCarthy Blvd. Suite 1086, Milpitas, CA 95035

Phone: 1-833-427-7988

Signature of Provider: Mirty In Date 3/1/2018