

Superbill: A cost effective insurance billing strategy.

“Superbill” is a term for a billing format for the mental health clinician who wants to handle billing in a simplified manner. Using this strategy allows the client to submit the bill directly to the insurance company. The superbill form is all the client needs to file their own insurance; it removes the clinician from the billing loop and saves money on computer billing software and even postage. It is particularly good for the new provider starting on a 'shoestring'. A superbill is usually one page and must contain the clients name and date of birth; clinician's name; the practice name and address; phone number; date and place of service; clinician's TAX ID and NPI number; state license number; checklist of CPT codes; a place to write DSM or ICD diagnosis codes; the charge for service and the payment; balance due; and signature of the clinician. Any local printer can make three attached pages with NCR carbonless paper. One copy goes in the client file to keep record of payment. Two copies are given to the client: one is a receipt for personal records, and the other can be sent to the insurance company so the client can be reimbursed by their insurance plan. With the superbill, the mental health clinician can ask for payment at the time of the session and save money by not purchasing billing software.

An example of receipt form is on the next page. This 3-part form is printed on carbonless paper, 5 ½”X 8 ½”. The white copy for insurance, the yellow copy is for client, and the pink copy is for office use.

Name of therapist _____

Address _____

City, State, Zip _____

Office phone number _____

State license number _____

Tax ID number _____

NPI number _____

Client Name _____

Address _____

Insurance ID# _____

DOB _____

Professional Service Rendered on _____

Place of Service _____

Diagnosis: DSM IV/ICD 9CM _____

Code	Service	Fee
___ 90801	Diagnostic Evaluation	_____
___ 90804	Individual Psychotherapy	_____
___ 90806	Individual Psychotherapy	_____
___ 90831	Telephone Consult	_____
___ 90847	Family Psychotherapy	_____
___ 90853	Group Psychotherapy	_____
___	Care Summary Report	_____
___	Other	_____
___	Today's Charges	_____
Thank You	Payment	_____
	Balance Due	_____

(Signature)