

WHAT YOU NEED ON YOUR SUPERBILL

Please use the following checklist as a guide for what to look for on your superbill from your provider. If your itemized super bill is missing any of the components, or if you can't find it please inquire with your provider. We've attempted to explain each of these to make it easier to find on the document.

1. Doctors Information

<input type="checkbox"/> Doctors Name & Credentials*	Start by making sure your doctors full name and credentials .are on the form.
<input type="checkbox"/> Doctors Office Address*	The address of the office where you received service must be on the form.
<input type="checkbox"/> Doctors Office Phone*	The office phone number should also be present.
<input type="checkbox"/> Doctors Tax ID*	A nine-digit number making up your doctor's tax identification number should be listed. It will look something like: 12-3456789.
<input type="checkbox"/> Doctors NPI	A national provider identifier (NPI) is a unique ID for healthcare providers. This will be a ten-digit number that will appear in the format of 1234567890.

2. Patient Information

<input type="checkbox"/> Your Full Name*	Make sure your full name is on the form.
<input type="checkbox"/> Your Address*	Your home address should be listed, and if possible, it should be the same as what is registered with your insurance plan.
<input type="checkbox"/> Your DOB*	Date of birth/the day you were born should be on the form, xx/xx/xxxx.
<input type="checkbox"/> Your insurance plan name and ID#	If your provider has your insurance information, this should also be listed - plan name, carrier, and individual ID. If it does not appear, that is okay.

3. Your Visit Information

<input type="checkbox"/> Date of Service*	Make sure the date you received service from your doctor is on the form.
<input type="checkbox"/> Procedure Code (CPT)*	This is the five-digit procedure code that is used to identify what service your doctor provided to you. For example, 99203 or 70553.
<input type="checkbox"/> Service description*	A description of the service/procedure you received will accompany the CPT code. For example, 'new patient visit' or 'MRI Brain WOW Contrast.'
<input type="checkbox"/> Amount charged for each Service*	The amount charged will be the amount billed by the provider and paid by you for each of the services/CPT codes you received. If more than one service received, there should be itemized prices per procedure listed.
<input type="checkbox"/> Place of Service*	To complete a claim, providers will give you the location in which a service takes place. This can be either a two-digit code only, or the code and the name of the location. For example, 11 or 11 Office. This code is a key piece to filling out your claims form, so if it does not appear on your superbill, please ask your provider.
<input type="checkbox"/> Diagnosis Code*	A diagnosis code is the code that translates disease or illness and reasoning for the CPT code/service provided. Diagnosis codes are a combination of letters and numbers. An example of diagnosis code is, S83.2 for tear of meniscus. The diagnosis code must be included in your superbill.
<input type="checkbox"/> Time (if time codes used)	In certain scenarios, the CPT code will represent services given in timed increments. If this is the case (for example, an office visit), there should be time designated to match the code. If you do not see a time on your superbill, you can ask your provider. In many cases, time designation is not necessary. For example, 99203 and 30 minutes.
<input type="checkbox"/> Quantity for medication	If you receive medication from your doctor, the CPT code and description will be followed by the quantity or units of medication provided.

* Required fields for all superbills. If not marked, then this field is only applicable in some cases.