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Superbills - Important Information

Dr. Laura Meihofer does not accept insurance. Full payment is due at the time of your appointment. However, she can provide a superbill following your appointment by request. Insurance companies require these itemized statements when you submit for reimbursement.

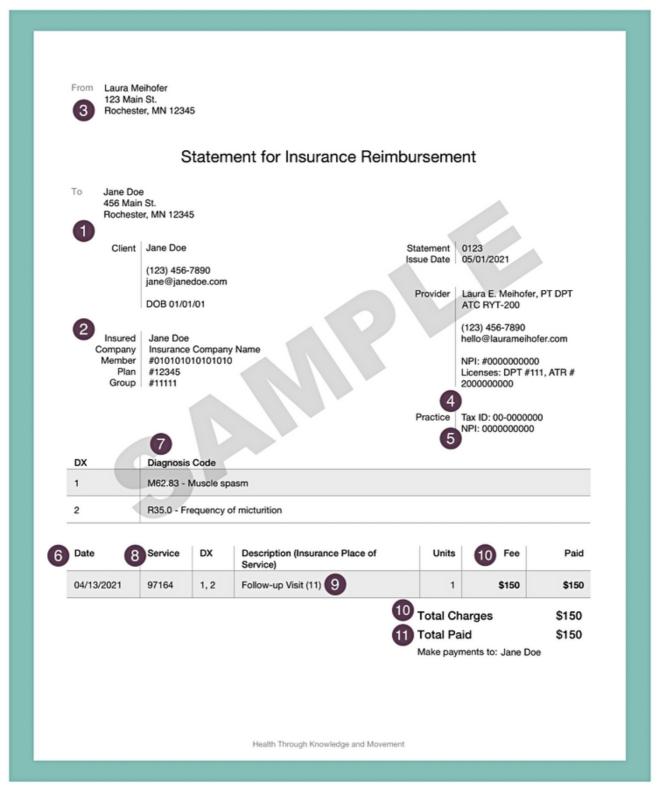
To help navigate reimbursement, Dr. Laura Meihofer has created additional documents for you to reference. She encourages you to utilize these resources as you call your insurance provider to get further clarification.

These documents can be found under the FAQ tab in the subsection "Helpful Documents" on her website. They are titled as follows:

- Does My Insurance Cover My Care?
- Diagnosis Treatment Codes
- Cost of Therapy

Please scroll through the following pages to see examples of superbills. These are not actual client bills, but they have been numbered so that you can find the required information for insurance submission. All insurance coverage is different, and providing a superbill does not guarantee coverage. Please call your insurance prior to scheduling an appointment with Dr. Laura Meihofer to see what your insurance coverage is for her specific clinic setting.

Superbill Explanation - Rochester Location



- 1 Client's Name, Address, DOB
- 2 Insurance Details
- Provider's Name and Address
- 4 Provider's Tax ID
- Provider's NPI (National Provider ID)

- 6 Date of Service
- 7 Diagnosis Codes
- 8 Treatment / CPT Code(s)
- 9 Place of Service
- 10 Charge for Medical Service
- Amount Paid by Client

Superbill Explanation - Minneapolis Location



Core Lifestyle Clinic
2837 Lyndale Avenue S, Minneapolis, MN, 55408-2109
□ (612) 354-2509 □ scheduling@corechiroclinics.com

Superbill



	Patient Information		
	Name	Date of Birth	Address
Y	Jane Doe	01-01-01	Street, City, State, Zip Code

Diagno	sis	
#	Code	Description
1	M54.50	Low back pain, unspecified
2	M62.838 5	Other muscle spasm
3	M62.81	Muscle weakness (generalized)

Treatment						
Billing Code	Description	Modifier	Diagnosis Pointer	Fee	Quantity	Total
97163	Physical Therapy Evaluation - LM		1, 2, 3	\$0.00	1.00	\$0.00
97140	Manual Therapy - LM		1, 2, 3	\$0.00	1.00	\$0.00
97110	Therapeutic Exercise - LM		1, 2, 3	\$0.00	1.00	\$0.00
97530	Therapeutic Activity - LM	59	1, 2, 3	\$0.00	1.00	\$0.00

Summary		
	Total Charges	\$220.00
	Minnesota Care Tax	\$0.00
	Adjustments	\$0.00
	Total	\$0.00
	Total Paid	\$0.00
	Balance	\$0.00

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