

Explanation of Superbills



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Superbills - Important Information

*Dr. Laura Meihofer bills all clients under her clinic, Hive Therapy and Wellness.

Dr. 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 you navigate reimbursement, Dr. Laura Meihofer has created additional documents for you to reference, which can be found on the **Helpful Documents** page of Laurameihofer.com. She encourages you to utilize these resources as you call your insurance provider to get further clarification.

The following pages will provide an example of a superbill. It is **not** an actual client bill, but it includes a numbered key so that you can find the required information for insurance submission. All insurance coverage is different, and providing a superbill does not guarantee coverage.

Your insurance may only cover very specific treatments and codes. Therefore, please call your insurance prior to scheduling an appointment with Dr. Laura Meihofer to see what your insurance coverage is. Again, more information about insurance coverage is available on the Helpful
Documents page.

PLEASE NOTE:

It is **your** responsibility to contact your insurance and gain an understanding of what services they cover. Dr. Meihofer **cannot** make changes to your superbill after it is already created. Your superbill is a final document. For additional details about service costs, please <u>visit the cost page</u>.

Superbill Numbered Key

Date of Visit / Service 1 Provider's Name 2 Provider's Tax ID Provider's NPI (national provider ID) Place of Service 5 Patient's Name, Address, DOB 6 **Diagnosis Codes** 7 Treatment / CPT Code(s) Modifier (if applicable) 9 Charge for Medical Service **Amount Paid by Client** 11

A visual guide to match this key is available on the next page. Please note that Dr. Laura Meihofer bills all clients under her clinic: Hive Therapy and Wellness. Therefore, the visual guide will reflect her clinic's information.



	Superbill SAMPLE									
	Session Information					5				
	Date of visit	1 Invoice	Invoice # 2 Provider			Place of Service				
	January 1st,	2024 Invoice #00	Dr. Laura Meihofer → EIN #83-3221878 NPI #1184972556 ← Athletic Training License #22 Physical Therapy License #91							
	Patient Info	ormation 6								
	Name		Date of Birth			Address				
	Jane Doe		01 - 01 - 01			123 Street St City, State, Zip				
	Diagnosis									
	#		Code 7			Description				
	1		M54.5			Low back pain				
	2		M25.50			Pain in unspecific joint				
	Session									
8	Billing Code	Description	Modifier	Diagnosis Pointer	Fee	Quantity	Total			
	######	Manual therapy (Hive Full Price - \$###)	9	1, 2	\$00.00	2	\$00.00			
	######	Therapeutic Exercise (Hive Full Price - \$###)		1	\$00.00	1	\$00.00			
	Summary									
					Total Charges Taxes and Fees Adjustments Total Total Total Paid Balance		\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	1		
	Patient Sign	atient Signature								
	Provider Signature	gnature				Date				