Colorado Care Network

Superbill

Practice	Name, address, phone		
Clinician	Name and credentials, NPI, Taxpayer Identification Number		
Patient	Name, date of birth, address		
Insurance	Plan and member ID (the patient completes)		
Date of service		**Place of service code**	
Referring clinician	Name and NPI, if any		

CPT or HCPCS code	Modifier	Description	ICD-10 code(s)	Units	Charge

Total charges		**Amount paid**	Date and method
Signature			

This is a receipt for services paid in full. Submit it to your insurer for out-of-network reimbursement; payment is not guaranteed.