



## Statement for Insurance Reimbursement

1 Montgomery County Counseling Center

2 Superbill-123456-7890

Provider: Laura Goldstein

Provider NPI: 1468976680

Provider License: LCM476

Supervisor: Sara Varga

Supervisor NPI: 1200311030

Supervisor License: 20852

Statement Date: 1/1/2026

1

3206 Tower Oaks Blvd

Suite 300

Rockville, MD 20852

NPI: 1538702246

Tax ID: 82-2597156

Email: info@mccounselingcenter.com

Phone: 240-772-1199

3 Bill To

Meeka Schmeeka

Phone: 555-123-4567

Email: baddestbincharge@example.com

3 Client

Jason K. Swift

1989 Father Figure Way

Watch Hill, MD, 00000

Phone: 555-867-5309

Email: jkelceswift@example.com

Date of Birth: 12/13/1989

Date	Service	Diagnosis	Amount
12/5/2025	90887 - 5 - Tele Consultation with Client/Family Place of Service: 11 - Office	F43.20, F41.1	\$45
12/13/2025	90853 - RO DBT Skills Class Place of Service: 11 - Office	F43.20, F41.1	\$150
12/26/2025	90834 - 95 - Individual Psychotherapy - 45 minutes Place of Service: 10- Telehealth Provided in Patient's Home	F43.20, F41.1	\$190
<b>Total Amount</b>			<b>\$385</b>
<b>Total Paid</b>			<b>\$385</b>

*This sample superbill is for educational purposes only. The client details included are fictitious and used solely to demonstrate the reimbursement process.*