



MONTGOMERY COUNTY COUNSELING CENTER

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

Bill To

3 Meeka Schmeeka
Phone: 555-123-4567
Email: baddestbincharge@example.com

Client

3 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 Medical 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
Total Amount			\$385
Total Paid			\$385

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