



# MONTGOMERY COUNTY COUNSELING CENTER

## 1 Statement for Insurance Reimbursement

Montgomery County Counseling Center

Superbill-123456-7890

2  
Provider: Laura Goldstein  
Provider NPI: 1468976680  
Provider License: LCM476  
Supervisor: Sara Varga  
Supervisor NPI: 1200311030  
Supervisor License: 20852  
Statement Date: 1/1/2026

3206 Tower Oaks Blvd  
Suite 300

Rockville, MD 20852

2  
NPI: 1538702246

Tax ID: 82-2597156

Email: info@mccounselingcenter.com

Phone: 240-772-1199

### 3 Bill To

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

### 3 Client

Travis K. Swift  
1989 Father Figure Way  
Watch Hill, MD, 00000  
Phone: 555-867-5309  
Email: tkelceswift@example.com  
Date of Birth: 12/13/1989

Date	Service	Diagnosis	Amount
12/5/2025	90887 - 5 Initial 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.*