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## Statement for Insurance Reimbursement

Montgomery County Counseling Center

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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

2

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: 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

4

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>

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