

SAMPLE Billing/Insurance Invoice

SterlingworthNeurofeedback and Counseling, LLC
Mary Blair Dellinger, LPC, BCN
222 Adley Way, Greenville, SC 29607
(864) 909-4250
dellinmb@gmail.com

Provider Tax ID: 82-2976870
SC LPC: 7808
NPI Number: 1912497801

PATIENT INFORMATION

Submit this bill to your insurance company and your insurance company will reimburse you based on the **out of network benefits** in your individual insurance plan. Make sure you provide all of the below information to avoid having a claim denied.

Last Name: _____ First Name: _____ DOB: _____

Address: _____

Primary Insurance: _____ Policy Number: _____

Group Number: _____ Employer: _____

DIAGNOSIS

(DSM/ICD-10 Code):_

Services Provided, Place of Service, CPT Codes, Fees

Date of Service	Place of Service	ICD-10	CPT	Service Provided	Fee
1. _____	Office (POS 11)	R94.01	95816	Quantified EEG (qEEG) Evaluation	\$500.00
2. _____	Office (POS 11)	GZC9ZZZ	90901	Neurofeedback	\$175.00
3. _____	Office (POS 11)	GZ72ZZZ	90837	Psychotherapy 90 minutes	\$150.00
4. _____	Office (POS 11)	GZ72ZZZ	90837	Psychotherapy 60 minutes	\$120.00

TOTAL BALANCE: \$
TOTAL BALANCE PAID: \$
TOTAL BALANCE DUE: \$

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