

# SUPERBILL

**REIMBURSE CLIENT ONLY**

<b>PROVIDER</b>	Melissa Lester Olson, LCSW	<b>CLIENT</b>	_____
<b>ORG</b>	Social Work Supervision, Inc.	<b>DOB</b>	_____
<b>ADDRESS</b>	621 North Ave, NE, Bldg. E Atlanta, GA 30308	<b>GENDER</b>	Female Non-Binary MTF / FTM Male
<b>TAX ID</b>	20-2834512	<b>INSURER</b>	_____
<b>IND NPI</b>	1508929241	<b>INS ID #</b>	_____
<b>GROUP NPI</b>	1033475942	<b>DX(s)</b>	_____
<b>LICENSE #</b>	GA CSW003082	<b>DX DESCR.</b>	_____

<b>DATE</b>	<b>CPT</b>	<b>UNITS</b>	<b>POS</b>	<b>REVENUE CODE (only if needed)</b>	<b>FEE</b>	<b>PAID</b>
	<b>90791</b> First Visit or 90837	1	11	Outpatient Office Based Ind Therapy 0914		
	90837	1	11	Outpatient Office Based Ind Therapy 0914		
	90837	1	11	Outpatient Office Based Ind Therapy 0914		
	90837	1	11	Outpatient Office Based Ind Therapy 0914		
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	90837	1	11	Outpatient Office Based Ind Therapy 0914		
	90837	1	11	Outpatient Office Based Ind Therapy 0914		

**TOTAL CHARGES** \_\_\_\_\_

**TOTAL PAID** \_\_\_\_\_

**TOTAL DUE** \_\_\_\_\_

\_\_\_\_\_  
**PROVIDER SIGNATURE**

\_\_\_\_\_  
**DATE**