

Insurance Claim Superbill

Name of Provider: Courtney Armstrong, M. Ed., LPC/MHSP

Office Address: 4501 Hixson Pike

City, State, Zip: Hixson, TN 37343

Office phone number: (423) 876-3490

State license number: Tennessee LPC# 831

Tax ID number: _____ (Call Courtney for this number)

NPI number: 1306865878

Patient Name _____ Patient DOB: _____

Address _____ City, State, Zip: _____

Insurance ID# _____ Insured's Name: _____

Date(s) of Service _____

Place of Service: Office

Diagnosis: DSM IV/ICD 9CM _____

CPT Code	Service	Units	Fee
___90801	Diagnostic Evaluation	_____	_____
___90804	Individual Psychotherapy (20-30 minutes)	_____	_____
___90806	Individual Psychotherapy (50-60 minutes)	_____	_____
___90808	Individual Psychotherapy (75-90 minutes)	_____	_____
___90847	Family Psychotherapy	_____	_____
___90853	Group Psychotherapy	_____	_____
___90831	Telephone Consult	_____	_____
_____	Other Services	_____	_____

Total Charge _____

Courtney Armstrong, M. Ed., LPC/MHSP