Superbill

Heather Koledo, MA, LMFT

Date:

Practice	
Practice Name: Heather Koledo, MA, LMFT	
Practice Address: PO Box 396 Rumney, NH 03266	
Phone Number: 802-738-8397	Fax Number: n/a
Practice EIN:	Practice NPI:

Provider	
Provider Name: Heather Koledo	
Provider License:	Provider NPI:

Patient				
Patient Name:				
Patient Date of Birth:	Patient Phone:			
Patient Address:				
ICD-10 Diagnostic Code(s):				

Date of Service	Units	CPT Code	Modifiers	Description	POS	Amount Paid	Fee
Totals:							

Provider Signature: _____ Date: _____

Patient / Guardian Signature: _____ Date: _____