

# Universal Insurance (Super Bill) Reimbursement Request Form

**Name of Therapist:** Rebecca Waterston, M.A., LMHCA. New Directions Counseling  
**Office Address:** 11417 124th Ave. NE, Ste 202  
**City, State, Zip:** Kirkland, Washington 98028  
**Office Phone:** 425.531.9648      **Email:** rebecca@new-directions-counseling.com  
**State License:** MC60498912      **EIN Number:** \_\_\_-\_\_\_-8223

**Client Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Group or Indiv Policy #(s)** \_\_\_\_\_

**Insurance ID #** Out of Network      **Professional Services Rendered on:** \_\_\_\_\_  
**Place Of Service:** Clinician Office      **Diagnosis:** \_\_\_\_\_

Code	Service	Fee	# Sessions	Total
90791	Psych. diagnostic interview w/o medical services	_____	_____	_____
90834	Individual Psychotherapy—45-52 minutes	_____	_____	_____
90837	Individual psychotherapy— 60-90 minutes	_____	_____	_____
90847	Family or Coules psychotherapy w/patient present	_____	_____	_____
90853	Group Psychotherapy	_____	_____	_____
_____	Care Summary Report	_____	_____	_____
_____	Other:	_____	_____	_____

**Total Charges:** \_\_\_\_\_

**Date:** \_\_\_\_\_      **Reimbursement Requested:** \_\_\_\_\_

**Signature Therapist:** \_\_\_\_\_

**Signature Client:** \_\_\_\_\_