



Summit Counseling LLC

Exceptional Mental Health Therapy & Counseling Services

2717 N Grandview Blvd, Suite 112, Waukesha, WI 53188

Phone: 262-933-1071 • Fax: (888) 867- 06731

www.SummitCounseling.us

Date	Invoice #
Date	XXXXXXXX-1

SAMPLE

Statement for Insurance Reimbursement

<p>Client</p> <p>Insured</p> <p>Company Member # Group #</p>	<p>Joe Smith 555-555-5555 joesmith@email.com DOB: 2/22/1920</p> <p>Joe Smith 555 Main Blvd Someplace, WI 53100</p>	<p>Provider</p> <p>Stephan A. Gunn, MS, LPC, NCC sgunn@summitcounseling.us NPI: 1841964715 WI License: 8224-125</p> <p>Practice</p> <p>NPI: 1326713330 CAQH ID# 15511074 EIN: 81-5307960</p>
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DX	Diagnosis Code
1	F41.1 – Generalized Anxiety Disorder

Date	Service	DX	Description (Insurance Place of Service)	Units	Fee	Paid
12/21/21	90791	1	Psychiatric Diagnostic Evaluation (11)		75.00	75.00

02 – Tele Health, 11 - Office

Total 75.00