



## **Superbills - Important Information**

Hive Therapy and Wellness does not accept insurance and is an out-of-network (OON) provider for all insurance companies. Full payment is due at the time of your appointment. Superbills will be provided upon request. Insurance companies require these itemized statements when you submit claims for reimbursement.

To help navigate reimbursement, we have created this superbill guide. We encourage you to utilize this resource when you communicate with your insurance provider to clarify your plan's reimbursement coverage for out-of-network (OON) services.

Please note the bill on this guide is not a valid client bill and is meant for explanation only. Sections have been numbered so you can find the required information for insurance submission. All insurance coverage is different, and providing a superbill does not guarantee coverage. Please call your insurance prior to scheduling an appointment with Hive Therapy and Wellness to verify what your insurance plan will cover.



## Superbill Explanation



Hive Therapy and Wellness  
 1629 N Broadway Ave, Rochester, MN, 55901  
 Tel: (507) 722-1823 Email: hello@hivetherapyandwellness.com

### Superbill

Service Information						
Date of Visit	Invoice #	Provider	Place of Service			
4 January 1, 1111	Invoice #11	2 Dr. Laura Mehofer 3 NPI #111111111 EIN #10-101010 Athletic Training License Number #1111 Physical Therapy License Number #0000	7 Hive Therapy and Wellness Place of Service Code: 00 1629 N Broadway Ave Rochester, MN, 55901			
Patient Information						
Name	Date of Birth	Address				
1 John Doe	2000-01-01	456 Main St., Rochester, MN 12345				
Diagnosis						
#	Code	Description				
1	5 M25.552	Pain in left hip				
2	M54.59	Other low back pain				
3	M62.81	Muscle weakness (generalized)				
Service						
Billing Code	Description	Modifier	Diagnosis Pointer	Fee	Quantity	Total
6 97140	Manual therapy 1/> regions		1, 2, 3		3.00	
Summary						
				Total Charges		\$175.00
				Taxes and Fees		\$3.50
				Adjustments		\$0.00
				8 Total		\$178.50
				9 Total Paid		\$178.50
				Balance		\$0.00

- 1 Client's Name, DOB, Address
- 5 Diagnosis Code(s)
- 2 Provider's Name
- 6 Treatment / CPT Code(s)
- 3 Provider's NPI (National Provider ID)
- 7 Place of Service
- 4 Date of Service
- 8 Charge for Medical Service
- 9 Amount Paid by Client