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How to Submit a Superbill to Insurance

What is a superbill?

A superbill is a document that is similar to a receipt that tells your insurance that you paid out of pocket for healthcare services. I generate superbills with my electronic health record and send them out on a monthly basis or after each appointment if I see you less frequently than every month. It has to include the following information:

- Patient name, address, and date of birth.
- Therapist or doctor name, phone number, and email address.
- Therapist or doctor tax ID and National Provider Identification (NPI).
- Statement number and date issued to the patient.
- A diagnosis and diagnosis code
- Service type, date, and code for reimbursement
- Fees that you paid.

How do I submit my superbill?

Keep in mind that insurances typically have a time limit to send in your superbill of 90 days or sometimes up to 180 days. To submit your superbill to your specific insurance company, it is best to contact them and ask for "member services" or check their website for instructions. The most secure way to submit it (and quickest) is through their online portal. You need to login or register with their website and then indicate that you would like to submit a claim on the website. If you have questions or are having difficulty doing this on their website, call your insurance company and ask for member services for clarification.

What happens after you submit a superbill?

Often times, it can take your health insurance 2-6 weeks to process your superbill. They will often either reimburse you for the full amount of services minus the copay or, they will put the amount towards your deductible. Often, you can check the claim status on the insurance online portal. If your superbill is denied, call your insurance company and request information about the denial.

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