

BILLING REFERENCE

The superbill and the CMS-1500, explained

An educational explainer of the superbill an out-of-network practice gives patients, and the standard CMS-1500 claim form. Payer rules vary; confirm current requirements.

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Current as of July 7, 2026. Laws, payer rules, and billing codes change. Confirm the current requirements for your jurisdiction and setting before you rely on anything here.

What a superbill is

A superbill is an itemized receipt an out-of-network clinician gives a patient so the patient can seek reimbursement from their insurer. The practice is not billing the insurer; the patient is.

What a superbill usually contains

- Practice and clinician details: name, address, NPI, tax ID or EIN, and license
- Patient details and the dates of service
- Diagnosis codes (ICD-10-CM) and service codes (CPT), with the fee for each
- Place of service, and the total charged and paid

The CMS-1500

The CMS-1500 is the standard paper claim form for professional services from non-institutional providers. Many practices submit electronically in the equivalent 837P format, but the CMS-1500 fields are the shared language of a claim.

Notes for the clinician

- Give patients a clear superbill and explain that reimbursement is set by their plan and is not guaranteed
- Keep codes, documentation, and fees aligned
- Provide a Good Faith Estimate to uninsured or self-pay patients when required
- Confirm current payer and CMS rules

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