DOULA SERVICES

Superbill

DATE OF ISSUE

PROVIDER INFORMATION

PROVIDER	
BUSINESS	
NPI	
TAX ID / EIN	
ADDRESS	
PHONE	
EMAIL	

CLIENT INFORMATION

CLIENT NAME	
DATE OF BIRTH	
INS. PLAN	
INSURANCE ID	
ADDRESS	
PHONE	

SERVICES RENDERED

DATE	CODE	DESCRIPTION OF SERVICE	QTY	UNIT RATE	TOTAL
	Z1032	Extended Initial Visit *90 minutes*	1	**$197.98**	$
	Z1034	Prenatal or Postpartum Visit *Per visit · up to 8 visits*		**$162.11**	$
	59409	Labor Support – Vaginal Delivery		**$685.07**	$
	59612	Labor Support – Vaginal Delivery *After previous Cesarean*		**$768.69**	$
	59620	Labor Support – Cesarean Section		**$795.73**	$
	T1033	Support During or After Miscarriage		**$250.85**	$
	59840	Support During or After Abortion		**$250.85**	$
	T1032	Extended Postpartum Visit *Up to 2 visits · 3 hrs each*		**$486.36**	$
	Z1038	Additional Postpartum Visit *Up to 9 visits*		**$162.11**	$
TOTAL CHARGES DUE					**$**

CERTIFICATIONS

I certify that the services listed above were provided to the client identified, and that the information is true and correct to the best of my knowledge.

PROVIDER SIGNATURE

DATE

I acknowledge receipt of the services listed above.
(Optional)

CLIENT SIGNATURE

DATE

NOTES FOR CLIENT

- Submit this superbill along with your insurance plan's **Member Claim Form** for potential reimbursement.
- Keep a copy for your records.
- Reimbursement is not guaranteed — confirm coverage directly with your insurance plan.