LumenMind
PSYCHIATRY
Holistic Mental Wellness

LumenMind Psychiatry, LLC
Pennsylvania Telehealth
215-515-4770
contact@lumenmindpsychiatry.com

Statement for Insurance Reimbursement

Provider Name	Rilwan Folorunso, MSN, CRNP, PMHNP-BC
Provider Email	contact@lumenmindpsychiatry.com
National Provider Identifier (NPI)	[practice to provide]
Tax Identification Number	[practice to provide]
Signature and Date	

Place of Service	Telehealth
Telephone Number	215-515-4770

Name of Patient	
Patient's Date of Birth	
Patient's Address	
Patient's ICD-10 Diagnosis Code	

Date	CPT Code	Description (Place of Service)	Charges
		Total Charges:	
		Total Paid:	

***** PATIENT HAS PAID BALANCE IN FULL *****
Please provide payment directly to the patient.

Before use: add the practice NPI and Tax Identification Number, and have the practice confirm this superbill format meets its billing needs. This document is a starting template and should be reviewed by the practice.