Tri-Cities Precision Health

7015 W. Deschutes Ave, Ste A, Kennewick, WA 99336
(509) AMO-TCPH · 266-8274 · Fax (509) 331-5080 · tcprecisionhealth.com

SUPERBILL

Itemized receipt for insurance submission

For patient use — submit to your insurance for possible out-of-network reimbursement.
Tri-Cities Precision Health is a direct-pay practice. We do not file claims with commercial insurance.
Provider is opted out of Medicare (effective 05/11/2026). Medicare patients: see your Private Contract.

PATIENT INFORMATION

PATIENT FULL NAME | DATE OF BIRTH (MM/DD/YYYY) | SEX

ADDRESS | CITY | STATE | ZIP

PHONE | EMAIL

INSURANCE CARRIER | MEMBER ID | GROUP #

SUBSCRIBER (IF DIFFERENT FROM PATIENT) | SUBSCRIBER DOB | RELATIONSHIP

ENCOUNTER

DATE OF SERVICE | PLACE OF SERVICE | REFERRING PROVIDER (IF ANY) | REFERRING NPI

DIAGNOSIS CODES (ICD-10) — LIST ALL APPLICABLE

SERVICES RENDERED

CPT / HCPCS	MODIFIER	DESCRIPTION	DX PTR	UNITS	CHARGE

Subtotal charged:

Amount paid by patient:

Balance due:

PROVIDER ATTESTATION

I certify that the services listed above were medically necessary and personally rendered by me on the date indicated. Documentation supporting these codes is in the patient chart.

Provider signature — Rosita P. Walker, MSN, ARNP, FNP-BC

Date