

DATE	FAMILY MEMBER	DESCRIPTION	CHARGES	PAYMENT	ADJ	CURRENT BALANCE	PREVIOUS BALANCE	NAME
				CREDITS				

THIS IS YOUR RECEIPT FOR THIS AMOUNT

THIS IS A STATEMENT OF YOUR ACCOUNT TO DATE

ATTENDING PRACTITIONER'S STATEMENT

Place of service Office Home Hospital

NEW PATIENT (Office Visit)

- 99201 Self Limited or Minor
- 99203 Moderate Severity
- 99204 Moderate to High Severity

ESTABLISHED PATIENT (Office Visit)

- 99211 Minimal
- 99212 Self Limited or Minor
- 99213 Low to Moderate Severity
- 99214 Moderate to High Severity

ACUPUNCTURE PROCEDURES

- 97035 Ultrasound, ea. 15 min.
- 97110 Therapeutic Proc., ea. 15 min.
- 97112 Neuromuscular Reeducation
- 97124 Massage Therapy
- 97139 Unlisted Therapeutic Proc. Specify _____
- 97140 Manual Therapy Techniques (Manipulation, Myofascial Release, Manual Traction, Mobilization) 1 or more regions, ea. 15 min.
- 97799 Unlisted Phys. Med. Serv. Specify _____
- 97802 Med. Nutrition, Indiv., Init.
- 97803 Med. Nutrition, Indiv., Subseq.

Date Symptoms First Appeared: _____

Disability Related to: _____

- 97810 One or more Needles without Elec. Stim. Initial 15 minutes

- 97811 Each additional 15 minutes without Elec. Stim.

- 97813 One or more Needles with Elec. Stim. Initial 15 minutes

- 97814 Each Additional 15 minutes with Elec. Stim.

- _____
- _____

MODALITIES

- 97010 Hot/Cold Treatment
- 97012 Traction, Mechanical
- 97039 Unlisted Modality Specify _____

MISCELLANEOUS

- 99056 Home Services
- 99070 Supplies/Materials (Not included in office visit)
- Herbs Needles Supplements
- 99080 Special Reports (UCR)
- _____

ICD-9-CM CODES (Diagnosis if not checked below)

DIAGNOSIS

*5th digit required		
789.0	Abdominal Pain*	719.42 Upper Arm
303.9	Alcohol Dependence*	719.43 Forearm
493.9	Asthma*	719.44 Hand
558.9	Colitis/Gastroenteritis	719.45 Pelvic/Thigh
564.0	Constipation*	719.46 Lower Leg
595.0	Cystitis, Acute	719.47 Ankle/Foot
692.9	Dermatitis/Eczema	723.1 Cervicalgia
304.9	Drug Dependence*	723.4 Brachial Neuritis/Radiculitis NOS
625.3	Dysmenorrhea	724.1 Thoracic Spine Pain
628.9	Female Infertility	724.2 Lumbago/Lumbalgia
	Unspecified Origin	724.3 Sciatica
307.81	Headache (Tension)	726.10 Bursitis/Shoulder
346.1	Headache (Common Migraine)*	726.33 Bursitis/Elbow
		726.60 Bursitis/Knee
342.9	Hemiplegia, Unspecified*	SPRAIN/STRAIN
401.9	Hypertension	840.9 Shoulder/Arm
536.8	Indigestion	841.9 Elbow/Forearm
780.52	Insomnia	842.0 Wrist*
606.9	Male Infertility, Unspecified	842.10 Hand
799.2	Nervousness	843.9 Hip/Thigh
601.0	Prostatitis, Acute	844.9 Knee/Leg
714.0	Rheumatoid Arthritis	845.0 Ankle/Foot*
461.9	Sinusitis (Acute)	847.0 Neck
524.60	TMJ	847.1 Thoracic
		847.2 Lumbar
JOINT PAIN-ARTHRALGIA		847.3 Sacrococcygeal
719.40	Site Unspecified	847.4 Coccyx
719.41	Shoulder	

PROVIDER'S NAME TYPED _____ DEGREE _____

S.S.# or I.R.S.# _____

LIC. # _____ Phone # _____

Address _____

Provider's Signature

TOTAL _____

ASSIGNMENT AND RELEASE: I authorize payment of benefits be made directly to this healthcare provider and I understand I am responsible for charges not covered by this assignment. I also authorize the release of any information requested to process this claim.

Signed: _____

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