|  |  |
| --- | --- |
|  | (Clinic Name) |
|  | **(Name), D.C.** |
|  | **(Address) – (City, State, Zip) (000) 000-0000** |
|  |  | Auto Accident? Work Related? Re-Injury? |
|  | Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_ |  Yes No Yes No Yes No |
|  |  | Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Patient No. \_\_\_\_\_\_\_\_\_\_\_Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Original 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Updated🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
|  |  | Disability From: Disability To: |
|  |  **CODE C.P.T. DESCRIPTION FEE** | **CODE C.P.T. DESCRIPTION FEE** |
| **NEW PATIENT** |  |  | 99201 (25)  | E/M - Problem |  |  |  | 71010 | Chest, single view, frontal |  | **RADIOLOGY** |
|  |  | 99202 (25)  | E/M - Ex .Problem |  |  |  | 71100 | Ribs, unilateral (2 Views) |  |
|  |  | 99203 (25)  | E/M - Detailed |  |  |  | 71110 | Ribs, bilateral **min (**3 views) |  |
|  |  | 99204 (25)  | E/M - Comp. |  |  |  | 72010 | Spine, entire survey AP/Lat |  |
|  |  |  |  |  |  |  | 72020 | Sine, specify level 1 View |  |
|  |  | 99401 | Individual Counseling (15) |  |  |  | 72040 | Cervical AP & Lat |  |
|  |  | 99411 | Group Counseling (30) |  |  |  | 72040-52 | Cervical spine, AP |  |
|  |  |  |  |  |  |  | 72040-52 | Cervical spine, lateral |  |
|  |  |  |  |  |  |  |  | 72050 | Cervical complete 4 Views |  |
| **ESTABLISHED PATIENT** |  |  | 99211 (25) | E/M - Brief |  |  |  | 72052 | Cervical Davis Series (7 **views)** |  |
|  |  | 99212 (25) | E/M - Problem |  |  |  | 72070 | Thoracic Lumb. AP & Lat. |  |
|  |  | 99213 (25) | E/M - Exp. Problem |  |  |  | 72074 | Thoracic, compl (min 4 views) |  |
|  |  | 99214 (25) | E/M - Detailed |  |  |  | 72100 | Lumbosacral, AP & Lat |  |
|  |  |  |  |  |  |  | 72110 | Lumbosacral, compl w/Obliques |  |
|  |  | 98940 | CMT Spinal 1-2 Regions |  |  |  | 72170 | Pelvis, AP only |  |
|  |  | 98941 | CMT Spinal 3-4 Regions |  |  |  | 73020 | Shoulder 1 View |  |
|  |  | 98942 | CMT Spinal 5 Regions |  |  |  | 73030 | Shoulder, complete 2 Views |  |
|  |  | 98943 (51) | Extraspinal one or more regions |  |  |  | 73070 | Elbow AP & Lat |  |
|  |  |  |  |  |  |  | 73080 | Elbow AP & Lat complete |  |
|  |  |  |  |  |  |  |  | 73100 | Wrist, AP & Lat |  |
| **PHYSICAL MEDICINE** |  |  | 97010 | Hot or Cold Packs |  |  |  | 73110 | Wrist, complete 3 Views |  |
|  |  | 97012 | Traction, mechanical |  |  |  | 73120 | Hand, 2 Views |  |
|  |  | 97014 | Electrical stimulation **(unatt)** |  |  |  | 73130 | Hand, complete 3 Views |  |
|  |  | 97024 | Diathermy |  |  |  | 73500 | Hip, unilateral, one View |  |
|  |  | 97032 | Electrical stim manual |  |  |  | 73510 | Hip, complete **(min 2 Views)** |  |
|  |  | 97035 | Ultrasound |  |  |  | 73560 | Knee, AP & Lat |  |
|  |  |  |  |  |  |  | 73562 | Knee, AP & Lat w/obliq 3 views |  |
|  |  | 97110 | Therapeutic exercises |  |  |  | 73600 | Ankle, AP & Lat |  |
|  |  | 97112 | Neuromuscular reeduc. |  |  |  | 73610 | Ankle, complete **(min 3 view)** |  |
|  |  | 97124 | Massage |  |  |  | 73620 | Foot, AP & Lat |  |
|  |  | 97140 | Manual Therapy Tech. |  |  |  | 73630 | Foot, complete **(min 3 Views)** |  |
|  |  | 97530 | Therapeutic activities, **direct** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 99070 | Supplies & Materials |  | **PRODUCTS** |
|  |  |  | 97810 | Acupuncture w/o elect stim |  |  |  | E-0190 | Cervical Pillow |  |
| **SPECIAL SERVICES/REPORT** |  |  | 97813 | Acupuncture w/elect stim |  |  |  | L-0120 | Cervical Collar  |  |
|  |  |  |  |  |  |  | E-3350 | Heel Wedge |  |
|  |  |  |  |  |  |  | E-0230 | Cold Packs |  |
|  |  | 64550 | Tens Application |  |  |  | E-7030 | TENS Purchase |  |
|  |  | 99080 | Special Reports |  |  |  |  |  |  |  |
|  |  | 99071 | Educational Materials |  |  |  |  |  |  |  |
|  |  | 99075 | Medical Testimony/Hr. |  |  |  |  |  |  |  |
|  |  | 99078 | Educational Class | Today's Total Charges $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | 99354 | Prolonged/Face to Face | \_\_\_\_\_\_\_\_\_\_Check \_\_\_\_\_\_\_\_\_\_\_\_ |
| Next Appointment: M T W Th F S | \_\_\_\_\_\_\_\_\_\_Cash \_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_Credit Card \_\_\_\_\_\_\_\_\_\_\_\_ |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_Insurance \_\_\_\_\_\_\_\_\_\_\_\_  |
|  | **Please:** Call to reschedule appointments. No fee charged if  |
| Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a.m.\_\_\_\_\_\_\_p.m. \_\_\_\_\_\_ | notified within 24 hours. Retain slip for tax purposes. Thank You! |