

McLaren Print System Order

Order No: 51104 Reprint Previous Order No: 6308
 Order Date: 2019-12-18
 User: shelby brandon
 Phone: 810-342-2362

Ship Location: McLaren Health Services Bldg/McLaren Outpatient Physical Therapy Attn: Sue Hillger
 G-3239 Beecher Road
 Flint, MI 48532

Forms

Quantity: 500
 Paragon Dept No: 38110
 Dept Name: McLaren Flint Outpatient Physical Therapy
 Company Number: 60

Order Total Price: 0.00

Item Number: 17851-7
 Item Description: Physical Therapy Medicare Charge Sheet
 Revision Date: 12/2019
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:

**McLAREN FLINT - PHYSICAL THERAPY
 MEDICARE CHARGE SHEET**

| | | | |
|---|---|---|---|
| P/Fac: 000000 000000 000000 000000 | P/Fac: 000000 000000 000000 000000 | P/Fac: 000000 000000 000000 000000 | P/Fac: 000000 000000 000000 000000 |
|---|---|---|---|

Therapist: _____
 X/R = _____ visit Threshold: _____ visit
 Cert. period from: _____ to: _____
 # of visits: _____

| Bill Code | Description | P/Fac + CG | Date | Date | Date | Date | Date | Date | Date | Date |
|-----------|---|------------|------|------|------|------|------|------|------|------|
| 4400016 | Gait Training | 0716 | | | | | | | | |
| 4400021 | Ther Ex: Fine Activity 1 On 1 | 0716 | | | | | | | | |
| 4400013 | Ther Ex: Strengthening/Flexibility | 0716 | | | | | | | | |
| 4400014 | Ther Ex: Neuro Balance Coord/Prop | 0716 | | | | | | | | |
| 4400026 | Wheeler Management | 0716 | | | | | | | | |
| 4400028 | Prosthetic Training Initial Encounter | 0716 | | | | | | | | |
| 4400029 | Orthotic Training Initial Encounter | 0716 | | | | | | | | |
| 4400031 | Orthotic/Prosthetic: Subsequent Encounter | 0716 | | | | | | | | |
| 4400024 | Self Care/Home Management | 0716 | | | | | | | | |
| 4400017 | Massage | 0716 | | | | | | | | |
| 4400023 | Hot/Cold Pack | 0716 | | | | | | | | |
| 4400011 | Ultrasound | 0716 | | | | | | | | |
| 4400025 | Exer (Unattended) | 0716 | | | | | | | | |
| 4400017 | Psycho Bath | 0716 | | | | | | | | |
| 4400019 | Manual Therapy (2 Soft Tissue Mts) | 0716 | | | | | | | | |
| 4400028 | T Skin (Unattended) | 0716 | | | | | | | | |
| 4400024 | Traction Mechanical | 0716 | | | | | | | | |
| 4400018 | Contract Bath | 0716 | | | | | | | | |
| 4400025 | Conc/Walk Reintegration | 0716 | | | | | | | | |
| 4400023 | Sensory Integration | 0716 | | | | | | | | |
| 4400026 | Aerobic/Endo: Exer 15 Mins | 0716 | | | | | | | | |
| 4400024 | Women's Health Maintenance | 0716 | | | | | | | | |
| 4400022 | No Charge | 0716 | | | | | | | | |
| 4400010 | Counsel/Repositioning | 0716 | | | | | | | | |

0716
 1 2 3 4 5 6 7 8 9 10

McLAREN FLINT PHYSICAL THERAPY MEDICARE CHARGING SHEET
 Version 1.0 (12/19)