McLAREN OAKLAND PHYSICAL THERAPY CHARGING SHEET

Patient: _____ Insurance: _____ / Expiration Date: _____

Account #: _____

Therapist: _____

870

Bill Code	Description		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
45300001	PT INITIAL EVAL	97001																				
45300002	PT RELEVAL PERIODIC	97002																				
45300015	GAIT TRAINING	97116																				
45300020	THER-EX FXNL ACTIVITY 1 ON 1	97530																				
45300012	THER-EX STRENGTH/FLEXIBILITY	97110																				
45300013	THER-EX NEURO/BAL/COORD/PROP	97112																				
45300025	WHEELCHAIR MANAGEMENT	97542																				
45300030	PROSTHETIC TRAINING	97761																				
45300029	ORTHOTIC TRAINING	97760																				
45300023	SELF-CARE/HOME MANAGEMENT	97535																				
45300016	MASSAGE	97124																				
45300003	HOT/COLD PACK	97010																				
45300011	ULTRASOUND	97035																				
45300035	E STIM (UNATTENDED)	97014																				
45300006	PARAFFIN	97018																				
45300018	MANUAL THERAPY (JT SOFT TISSUE MOB)	97140																				
45300008	E STIM (ATTENDED)	97032																				
45300004	TRACTION, MECHANICAL	97012																				
45300010	CONTRAST BATH	97034																				
45300021	SENSORY INTEGRATION	97533																				
45300009	IONTOPHORESIS EACH 15 MINS.	97033																				
45300005	VASOPHEUMATIC DEVICES	97016																				
45300033	WOMEN'S HEALTH MAINTENANCE																					
45300169	CANALITH REPOSITIONING	95992																				
45300031	NO CHARGE VISIT																					

M-28000 W (3/14)

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