

McLaren Print System Order

Order No: 6492
 Order Date: 2014-10-15
 User: Terri Harding
 Phone: 810-653-2000

Ship Location: Davison PT/Terri Harding
 505 N. Dayton
 Davison, Mi 48423

Forms

Quantity: 100
 Paragon Dept No: 38112
 Dept Name: McLaren Flint Davison PT
 Company Number: 60

Order Total Price: 0.00

Item Number: 17851-3
 Item Description: McLaren Flint - Davison Physical Therapy Medicare Charge Sheet
 Revision Date:
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

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

Therapist: _____
 KX # _____ visit Threshold _____ visit
 Cost period from: _____ to: _____
 # of states: _____

| Bill Code | Description | Medicare Charge Sheet | | | | | | | | | | | | | | | | | | |
|-----------|--|-----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|--|--|--|--|--|--|--|
| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | | | | | | | | | |
| 410001 | PT Initial Eval (Medicare-Requires G-Code) | 4700 | | | | | | | | | | | | | | | | | | |
| 410002 | PT Re Eval (Medicare-Requires G-Code) | 4700 | | | | | | | | | | | | | | | | | | |
| 410003 | Self Training | 4718 | | | | | | | | | | | | | | | | | | |
| 410004 | Ther Ex First Activity 1 On 1 | 4735 | | | | | | | | | | | | | | | | | | |
| 410005 | Ther Ex Strengthening/Flexible | 4714 | | | | | | | | | | | | | | | | | | |
| 410006 | Ther Ex Heart Rate/Circuit Prog | 4712 | | | | | | | | | | | | | | | | | | |
| 410007 | Wound Care Management | 4743 | | | | | | | | | | | | | | | | | | |
| 410008 | Prosthetic Train | 4781 | | | | | | | | | | | | | | | | | | |
| 410009 | Orthotic Train | 4780 | | | | | | | | | | | | | | | | | | |
| 410010 | Self Care/Home Management | 4745 | | | | | | | | | | | | | | | | | | |
| 410011 | Massage | 4724 | | | | | | | | | | | | | | | | | | |
| 410012 | Hot/Cold Pack | 4740 | | | | | | | | | | | | | | | | | | |
| 410013 | Ultrasound | 4736 | | | | | | | | | | | | | | | | | | |
| 410014 | Edm (Contracted) | 4719 | | | | | | | | | | | | | | | | | | |
| 410015 | Paraffin Bath | 4716 | | | | | | | | | | | | | | | | | | |
| 410016 | Music Therapy (1 Self-Therapy Mod) | 4746 | | | | | | | | | | | | | | | | | | |
| 410017 | E-Stim (Approved) | 4732 | | | | | | | | | | | | | | | | | | |
| 410018 | Transtr. Methods of | 4710 | | | | | | | | | | | | | | | | | | |
| 410019 | Contract Bath | 4734 | | | | | | | | | | | | | | | | | | |
| 410020 | Sensory Integration | 4743 | | | | | | | | | | | | | | | | | | |
| 410021 | Amputee/each 15 Min | 4738 | | | | | | | | | | | | | | | | | | |
| 410022 | Women's Health Maintenance | | | | | | | | | | | | | | | | | | | |
| 410023 | No Charge Item | | | | | | | | | | | | | | | | | | | |
| 410024 | Facility Fee/visiting | 9999 | | | | | | | | | | | | | | | | | | |

The Number of Sessions: 1 2 3 4 5 6 7 8 9 10

McLAREN FLINT - DAVISON
 PHYSICAL THERAPY
 MEDICARE CHARGE SHEET
 (FORM 1-2014)

8704

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13