## McLAREN OAKLAND - OAKLAND SPEECH THERAPY **MEDICARE CHARGE SHEET**

Therapist:							,	,		1			
KX =	visit	Threshold:	_ visit	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Cert. perio		to:											
Visits:		to: Copay:	4										
		<u> </u>		MUST	HECK BO	X BELOV	V DATE W	/HEN REF	PORTED (	see Medio	care Fxna	Reportin	g Sheet)
Bill Code		Description		MUST C									
45300318	SPEECH SOUND/LANGUAGE EVAL		9252	.3									
45300309	CLINICAL EVAL SWALLOW		9261	0									
45300305	ASSESSMENT OF APHASIA		9610	5									
45300301	COGNITIVE SKILL DEVELOPMENT 15 MIN		5 MIN G051	15									
45300310	DYSPHAGIA TREATMENT		9252	.6									
45300302	SPEECH-LANGUAGE TREATMENT		9250	17									
45300301	AUDIOMETRIC EXAM		9255	7									
45300304	MODIFIED BARIUM SWALLOW STUDY		Y 9261	1									
45300306	THERAPEUTIC EXERCISE 15 MIN		97110	0									
45300308	SENSORY INTEGRATION		9753	3									
45300316	EVAL SPEEC	CH FLUENCY	9252	1									
45300317	EVAL SPEEC	CH PRODUCTION	9252	2									
			Visit Number	r e) 1	2	3	4	5	6	7	8	9	10

McLAREN OAKLAND SPEECH THERAPY MEDICARE CHARGING SHEET

MR.#/P.M.

DR.