

# BRISTOL OCCUPATIONAL THERAPY CHARGING SHEET

Patient: \_\_\_\_\_ Insurance: \_\_\_\_\_ Bar Code: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Therapist: \_\_\_\_\_



Bill Code	Description	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	
0507335	INITIAL EVAL 97003																		
0507327	REASSESS / DC 97004																		
0507368	GAIT 97116																		
0502138	THER-EX FXNL ACTIVITY 1 ON 1 97530																		
0500512	THER-EX STRENGTH/FLEXIBILITY 97110																		
0500124	THER-EX NEURO/BAL/COORD/PROP 97112																		
0507285	WHEELCHAIR MANAGEMENT 97542																		
0500074	PROSTH TRAIN 97761																		
0507244	ORTHOT TRAIN 97760																		
0507145	WHIRLPOOL 97022																		
0502070	SELF-CARE/HOME MANAGEMENT 97535																		
0500595	CYBEX/BIODEX/BALANCE/BTE 97124																		
0507012	HOT/COLD PAC 97010																		
0507046	VASOPNEUMATIC DEVICES-JOBST PUMP 97016																		
0507129	ULTRASOUND 97035																		
0507038	E STIM (UNATTENDED) 97014																		
0507053	PARAFFIN 97018																		
0509976	MANUAL THERAPY (JT SOFT TISSUE MOB) 97140																		
0507095	E STIM (ATTENDED) 97032																		
0500470	COGNITIVE TRAINING 97532																		
0507111	CONTRAST BATH 97034																		
0509984	COMM/WORK REINTEGRATION 97537																		
0509935	WOUND CARE 97139																		
0509943	WOUND CARE DEBRIDEMENT G0169																		
0510008	SENSORY INTEGRATION 97533																		
0507103	IONTOPHORESIS EACH 15 MINS. 97033																		

Patient Name: \_\_\_\_\_ Therapist: \_\_\_\_\_

Treatment Days/Time: \_\_\_\_\_

TX  
Changes

Order  
Of TX

Modalities:

		Moist Heat
		Ultrasound
		Cold Pack
		Paraffin
		Cervical Traction
		Lumbar Traction
		Other:

**CONTACT THERAPIST / ASSISTANT:**

Patient to exercise in gym after modalities  Yes  No

Patient to be stretched in modality room  Yes  No

