BRISTOL PHYSICAL THERAPY CHARGING SHEET

Patient: _____ Insurance: _____

Account #: _____ Expiration Date: _____

Therapist: _____

Bill Code	Description		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
45000001	PT INITIAL EVAL	97001																				
45000003	RE-EVAL PERIODIC	97002																				
45000017	GAIT TRAINING	97116																				
45000022	THER-EX FXNL ACTIVITY 1 ON 1	97530																				
45000014	THER-EX STRENGTH/FLEXIBILITY	97110																				
45000015	THER-EX NEURO/BAL/COORD/PROP	97112																				
45000027	WHEELCHAIR MANAGEMENT	97542																				
45000035	PROSTHETIC TRAINING	97761																				
45000034	ORTHOTIC TRAINING	97760																				
45000025	SELF-CARE/HOME MANAGEMENT	97535																				
45000033	CYBEX/TEST 1 REPORT	97750																				
45000018	MASSAGE	97124																				
45000004	HOT/COLD PAC	97010																				
45000006	VASOPENUMATIC DEVICES-JOBST PUMP	97016																				
45000013	ULTRASOUND	97035																				
45000039	E STIM (UNATTENDED)	97014																				
45000007	PARAFFIN BATH	97018																				
45000020	MANUAL THERAPY (JT SOFT TISSUE MOB)	97140																				
45000010	E STIM (ATTENDED)	97032																				
45000005	TRACTION, MECHANICAL	97012																				
45000012	CONTRAST BATH	97034																				
45000026	COMM/WORK REINTEGRATION	97537																				
45000036	ORTHOTIC/PROSTHETIC CHECK	97762																				
45000024	SENSORY INTEGRATION	97533																				
45000011	IONTOPHORESIS EACH 15 MINS.	97033																				
45000040	WOMEN HEALTH MAINTENANCE																					
45000169	CANALITH REPOSITIONING	95992																				
45000041	NO CHARGE VISIT																					

M-28000 A (9/13)

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