

**PHYSICAL THERAPY CHARGES
ACUTE CARE DOWNTIME SLIP**



DOS _____

THERAPIST NAME _____

THERAPIST NAME _____					PT Eval Low	PT Eval Mod	PT Eval High	Re-Eval Est. POC	Hot/Cold Packs	Electric Stim	Thera Exercise	NeurMusc Re-Educ	Gait Train	Manual Therapy	Thera Activity	WC Mgmt
Patient Name	FIN	DOB	Modifier	Min/Unit	97161	97162	97163	97164	97010	97032	97110	97112	97116	97140	97530	97542
				Minutes												
				Units												
				Minutes												
				Units												
				Minutes												
				Units												
				Minutes												
				Units												
				Minutes												
				Units												
				Minutes												
				Units												
				Minutes												
				Units												
				Minutes												
				Units												