

# MCLAREN FLINT - ULTRAVOILET LIGHTS MEDICARE CHARGE SHEET

Therapist: \_\_\_\_\_

<b>KX = ____ visit</b>
<b>Threshold: ____ visit</b>

Cert Period From: _____ To: _____
# of Visits: _____

UV EVAL: LOW Complexity 44900230 <span style="float: right;">97161</span>
Date: _____

UV EVAL: MODERATE Complexity 44900231 <span style="float: right;">97162</span>
Date: _____

UV EVAL: HIGH Complexity 44900232 <span style="float: right;">97163</span>
Date: _____

Bill Code	Description	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
	G-CODE - <input checked="" type="checkbox"/> on date reported (see Medicare Fxnl Reporting sheet)										
44900220	UVB/PUVA TREATMENT	97028									
	<b>Visit #</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>

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PT.

MR./P

DR.

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44900230 97161  
Date: \_\_\_\_\_

UV EVAL: MODERATE Complexity  
44900231 97162  
Date: \_\_\_\_\_

UV EVAL: HIGH Complexity  
44900232 97163  
Date: \_\_\_\_\_

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