

# FLUSHING PHYSICAL THERAPY AQUATIC CHARGE SHEET



Patient: \_\_\_\_\_

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

Account #: \_\_\_\_\_

Insurance: \_\_\_\_\_ / Expiration Date: \_\_\_\_\_

PT EVAL: LOW Complexity 45200170	97161
Date: _____	

PT EVAL: MODERATE Complexity 45200171	97162
Date: _____	

PT EVAL: HIGH Complexity 45200172	97163
Date: _____	

PT RE-EVAL 45200002	97164
Date: _____	

Bill Code	Description	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
45200014	GAIT TRAINING	97116																			
45200013	AQUATIC THERAPY	97113																			
45200019	THER-EX FXNL ACTIVITY	97530																			
45200011	THER-EX STRENGTH/FLEXIBILITY	97110																			
45200011	THER-EX NEURO/BALL/COORD/PROP	97112																			