

# DAVISON OT CHARGING SHEET

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

Bill Code	Description	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
8107336	INITIAL EVAL	97003																		
8107328	REASSESS / DC	97004																		
8107369	GAIT	97116																		
8102139	THER-EX FXNL ACTIVITY 1 ON 1	97530																		
8100513	THER-EX STRENGTH/FLEXIBILITY	97110																		
8100125	THER-EX NEURO/BAL/COORD/PROP	97112																		
8107286	WHEELCHAIR MANAGEMENT	97542																		
8100075	PROSTH TRAIN	97761																		
8107245	ORTHOT TRAIN	97760																		
8107146	WHIRLPOOL	97022																		
8102071	SELF-CARE/HOME MANAGEMENT	97535																		
8107013	HOT/COLD PAC	97010																		
8107047	VASOPNEUMATIC DEVICES-JOBST PUMP	97016																		
8107120	ULTRASOUND - greater than 8 minutes	97035																		
	ULTRASOUND																			
8107039	E STIM (UNATTENDED)	G0283																		
8107054	PARAFFIN	97018																		
8109977	MANUAL THERAPY (JT SOFT TISSUE MOB)	97140																		
8107096	E STIM (ATTENDED)	97092																		
8100471	COGNITIVE RETRAINING	97532																		
8107112	CONTRAST BATH	97094																		
8109985	COMMWORK REINTEGRATION	97537																		
8109936	WOUND CARE	97139																		
8109944	WOUND CARE DEBRIDEMENT	97601																		
8110009	SENSORY INTEGRATION	97533																		
8107104	IONTOPHORESIS EACH 15 MINS.	97033																		
8102154	Ther Ex Group	97150																		

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

