

MCLAREN SPORTS MEDICINE - DAVISON CHARGING SHEET

Client: _____ Physician: _____
 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
1700178	INITIAL EVALUATION	97001																		
1707322	REASSESS/DC	97002																		
1700038	GAIT	97116																		
1707264	THER-EX FXNL ACTIVITY 1 ON	197530																		
1700129	THER-EX STRENGTH/FLEXIBILITY	97110																		
1707165	THER-EX NEURO/BAL/COORD/PROP	97112																		
1707256	PROSTH TRAIN	97761																		
1707249	ORTHOT TRAIN	97760																		
1707140	WHIRLPOOL	97022																		
1700194	SELF-CARE/HOME MANAGEMENT	97535																		
1707199	MASSAGE	97124																		
1707017	HOT/COLD PAC	97010																		
1707041	VASOPENUMATRIC DEVICES - JOBST PUMP	97016																		
1707124	ULTRASOUND	97035																		
1707108	IONTOPHORESIS	97033																		
1707033	E STIM (UNATTENDED)	G0283																		
1707330	E STIM (ATTENDED)	97032																		
1700269	MANUAL THERAPY (JT SOFT TISSUE MOB)	97140																		
1700236	PARAFFIN	97018																		
1707025	TRACTION, MECHANICAL	97012																		
1700210	COGNITIVE TRAINING	97532																		
1707116	CONTRAST BATH	97034																		
1700228	COMM/WORK REINTEGRATION	97537																		
1700244	WOUNDCARE	97139																		
1700285	WOUNDCARE DEBRIDEMENT	97597																		
1700202	SENSORY INTEGRATION	97533																		
1709963	AMPUTEE CHECK	97762																		



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

