

McLAREN SPORTS MEDICINE - OWOSSO CHARGING SHEET

Client: _____ Schedule: _____
 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	
4600177	INITIAL EVAL	97001																			
4607321	REASSESS/DC	97002																			
4600037	GAIT	97116																			
4607263	THER-EX FXNL ACTIVITY 1 ON 1	97530																			
4600128	THER-EX STRENGTH/FLEXIBILITY	97110																			
4607164	THER-EX NEURO/BAL/COORD/PROP	97112																			
4607255	PROSTH TRAIN	97761																			
4607248	ORTHOT TRAIN	97760																			
4607149	WHIRLPOOL	97022																			
4600193	SELF-CARE/HOME MANAGEMENT	97535																			
4607198	MASSAGE	97124																			
4607016	HOT/COLD PAC	97010																			
4607040	VASOPENUMATIC DEVICES - JOBST PUMP	97016																			
4607123	ULTRASOUND	97035																			
4607107	IONTOPHORESIS	97033																			
4607032	E STIM (UNATTENDED)	G0283																			
4607339	E STIM (ATTENDED)	97032																			
4600268	MANUAL THERAPY (JT SOFT TISSUE MOB)	97140																			
4607024	TRACTION, MECHANICAL	97012																			
4600086	COGNITIVE TRAINING	97532																			
4607115	CONTRAST BATH	97034																			
4600151	COMM/WORK REINTEGRATION	97537																			
4600219	WOUND CARE	97139																			
4600201	WOUND CARE DEBRIDEMENT	97597																			
4600144	SENSORY INTEGRATION	97533																			
4607057	PARAFFIN BATH	97018GP																			
4609962	AMPUTEE CHECK	97762																			

Patient Name: _____
 Treatment Days/Time: _____
 Therapist: _____
 Order Of TX _____
 Changes _____
 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

