

BRISTOL PHYSICAL THERAPY CHARGING SHEET



Client: _____

Account #: _____

Therapist: _____

Insurance: _____ Expiration Date: _____

Insurance: _____ Expiration Date: _____

Bill Code	Description	CPT	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
45000031	FCE - 1 DAY	97750																		
45000032	FCE -2 HOUR	97750																		
45000028	WORK CONDITIONING INITIAL 2 HOUR	97545																		
45000029	WORK CONDITIONING EACH ADD'L HOUR	97546																		

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