

LIGHT THERAPY CHARGING SHEET

Patient: _____

Therapist: _____

Account #: _____

Insurance: _____ / Expiration Date: _____



UV EVAL: LOW Complexity 44900230	97161
Date:	

UV EVAL: MODERATE Complexity 44900231	97162
Date:	

UV EVAL: HIGH Complexity 44900232	97163
Date:	

Bill Code	Description	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
44900220	UVB/PUVA TREATMENT	97028																				
	PTA = CQ																					

Bill Code	Description	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
44900220	UVB/PUVA TREATMENT	97028																				
	PTA = CQ																					

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