DAVISON PHYSICAL THERAPY CHARGING SHEET

Patient: _____ Insurance: _____ / Expiration Date: _____

Account #: _____

Therapist: _____

870b

Bill Code	Description		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
45100001	PT INITIAL EVAL	97001																				
45100002	PT RE-EVAL PERIODIC	97002																				
45100016	GAIT TRAINING	97116																				
45100021	THER-EX FXNL ACTIVITY 1 ON 1	97530																				
45100013	THER-EX STRENGTH/FLEXIBILITY	97110																				
45100014	THER-EX NEURO/BAL/COORD/PROP	97112																				
45100025	WHEELCHAIR MANAGEMENT	97542																				
45100029	PROSTHIC TRAINING	97761																				
45100028	ORTHOTIC TRAINING	97760																				
45100023	SELF-CARE/HOME MANAGEMENT	97535																				
45100017	MASSAGE	97124																				
45100003	HOT/COLD PACK	97010																				
45100005	VASOPENUMATIC DEVICES-JOBST PUMP	97016																				
45100012	ULTRASOUND	97035																				
45100033	E STIM (UNATTENDED)	97014																				
45100006	PARAFFIN BATH	97018																				
45100019	MANUAL THERAPY (JT SOFT TISSUE MOB)	97140																				
45100009	E STIM (ATTENDED)	97032																				
45100004	TRACTION, MECHANICAL	97012																				
45100011	CONTRAST BATH	97034																				
45100036	WOMAN HEALTH MAINTENANCE																					
45100030	SENSORY INTEGRATION	97533																				
45100010	IONTOPHORESIS EACH 15 MINS.	97033																				
45100169	CANALITH REPOSITIONING	95992																				
45100034	NO CHARGE VISIT																					

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