

McLaren Print System Order

Order No: 42910
 Order Date: 2019-02-15
 User: Susan Hillger
 Phone: 248-866-2048

Ship Location: McLaren Flint PT (attn: Doris Duncan)
 G-3239 Beecher Rd
 Flint, MI 48532

Forms

Quantity: 1000
 Paragon Dept No: 38110
 Dept Name: McLaren Flint PT
 Company Number: 60

Order Total Price: 0.00

Item Number: 17851-7
 Item Description: Physical Therapy Medicare Charge Sheet
 Revision Date: 2/2018
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:

**McLAREN FLINT - PHYSICAL THERAPY
 MEDICARE CHARGE SHEET**

| | | | |
|---|---|---|---|
| P/F/SAI, CDR Comments 488275 Date | P/F/SAI, W/SAI Comments 488275 Date | P/F/SAI, ADR Comments 488275 Date | P/F/SAI, SAI Comments 488275 Date |
|---|---|---|---|

Therapist: _____
 X/R = _____ visit Threshold _____ visit
 Cert. period from _____ to _____
 # of visits _____

| Bill Code | Description | DATE | | | | | | | | | | | | | | | | | | |
|-----------|--|------|---|---|---|---|---|---|---|---|----|--|--|--|--|--|--|--|--|--|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | | | | | | | |
| 4880016 | Gait Training | 8716 | | | | | | | | | | | | | | | | | | |
| 4880021 | Ther Ex Final Activity 1 On 1 | 8726 | | | | | | | | | | | | | | | | | | |
| 4880013 | Ther Ex Strengthening/Flexibility | 8712 | | | | | | | | | | | | | | | | | | |
| 4880014 | Ther Ex Neuro Balance Coord/Prop | 8712 | | | | | | | | | | | | | | | | | | |
| 4880028 | Wheeler Management | 8734 | | | | | | | | | | | | | | | | | | |
| 4880026 | Prosthetic Training Initial Encounter | 8731 | | | | | | | | | | | | | | | | | | |
| 4880025 | Orthotic Training Initial Encounter | 8731 | | | | | | | | | | | | | | | | | | |
| 4880021 | Orthotic Prosthetic Subsequent Encounter | 8733 | | | | | | | | | | | | | | | | | | |
| 4880024 | Self Care/Home Management | 8728 | | | | | | | | | | | | | | | | | | |
| 4880017 | Massage | 8724 | | | | | | | | | | | | | | | | | | |
| 4880023 | Hot/Cold Pack | 8714 | | | | | | | | | | | | | | | | | | |
| 4880011 | Ultrasound | 8708 | | | | | | | | | | | | | | | | | | |
| 4880028 | Exer (Unattended) | 8724 | | | | | | | | | | | | | | | | | | |
| 4880017 | Psycho Bath | 8718 | | | | | | | | | | | | | | | | | | |
| 4880019 | Manual Therapy (2 Soft Tissue Mts) | 8740 | | | | | | | | | | | | | | | | | | |
| 4880028 | T Skin (Unattended) | 8722 | | | | | | | | | | | | | | | | | | |
| 4880024 | Traction Mechanical | 8720 | | | | | | | | | | | | | | | | | | |
| 4880019 | Contract Bath | 8724 | | | | | | | | | | | | | | | | | | |
| 4880025 | Conc/Walk Reintegration | 8737 | | | | | | | | | | | | | | | | | | |
| 4880023 | Sensory Integration | 8728 | | | | | | | | | | | | | | | | | | |
| 4880022 | Balance Training-Each 15 Mins | 8722 | | | | | | | | | | | | | | | | | | |
| 4880024 | Women's Health Maintenance | | | | | | | | | | | | | | | | | | | |
| 4880022 | No Charge | | | | | | | | | | | | | | | | | | | |
| 4880010 | Counsel-Response | 8502 | | | | | | | | | | | | | | | | | | |

P/F/SAI, CDR Comments: _____
 P/F/SAI, W/SAI Comments: _____
 P/F/SAI, ADR Comments: _____
 P/F/SAI, SAI Comments: _____
 1 2 3 4 5 6 7 8 9 10

McLAREN FLINT PHYSICAL THERAPY MEDICARE CHARGING SHEET
 Version 1.0 (2/18)

Spec Info: