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| PREVIOUS BALANCE | DESCRIPTION | CHARGES | PAYMENTS | ADJUSTMENTS | BALANCE | NAME | |
| | | | CREDITS | | | | |

STATEMENT OF ATTENDING MASSAGE THERAPIST

DATE OF SERVICE: _____

| A. NEUROMUSCULAR PROCEDURES: | CPT | \$ FEE | C. PHYSICAL PROCEDURES (cont.) | CPT | \$ FEE | PRESCRIBED BY REFERRING PHYSICIAN: |
|--|-------|--------|--|-------|--------|--|
| (Include report) | | | 20. Electrical stimulation (manual) | 97118 | _____ | _____ |
| 1. Initial Visit with Evaluation, 30 days... | 90060 | _____ | 21. Iontophoresis | 97120 | _____ | _____ |
| 2. Muscle Testing Limb or Trunk (Excluding Hand)..... | 95831 | _____ | 22. Traction, manual | 97122 | _____ | _____ |
| 3. Muscle Testing, Hand..... | 95832 | _____ | 23. Massage | 97124 | _____ | Previous Diagnosis: _____ |
| 4. Range of Motion Measurements Each Limb (Excl. Hand) | 95851 | _____ | 24. Contrast Baths | 97126 | _____ | _____ |
| 5. Range of Motion Measurements, Hand | 95852 | _____ | 25. Ultrasound | 97128 | _____ | _____ |
| | | | 26. Unlisted Procedure _____ | | _____ | _____ |
| B. PHYSICAL MODALITIES: | | | 27. Myofascial Release / Soft Tissue Mobilization, 1 or more regions ... | 97145 | _____ | Additional Information: _____ |
| 1. Hot or Cold Pack, 1 or more areas | 97010 | _____ | 28. Kinetic Activities | 97530 | _____ | _____ |
| 2. Traction, Mechanical | 97012 | _____ | 29. Training in activities of daily living | 97540 | _____ | _____ |
| 3. Electrical stimulation (unattended) | 97014 | _____ | 30. Work Hardening | 97545 | _____ | _____ |
| 4. Vasopneumatic devices | 97016 | _____ | D. SPECIAL SERVICES: | | | _____ |
| 5. Paraffin Bath | 97018 | _____ | 1. After Hours, Up to 10 p.m. | 99050 | _____ | _____ |
| 6. Microwave | 97020 | _____ | 2. Sunday or Holiday | 99054 | _____ | _____ |
| 7. Whirlpool | 97022 | _____ | 3. Other Location: _____ | | _____ | _____ |
| 8. Diathermy | 97024 | _____ | 4. Supplies & Materials _____ | | _____ | TOTAL FEE FOR TODAYS SERVICES: \$ _____ |
| 9. Infrared | 97026 | _____ | 5. Educational Supplies _____ | | _____ | _____ |
| 10. Ultraviolet | 97028 | _____ | 6. Special Reports | 99071 | _____ | _____ |
| 11. Electrical Stimulation (manual) 15 min. | 97032 | _____ | 7. Hypothermia; regional | 99080 | _____ | X _____ |
| 12. Iontophoresis (each 15 min.) | 97033 | _____ | 8. Hypothermia; Total Body | 99185 | _____ | Signature of ATTENDING MASSAGE THERAPIST |
| 13. Contrast Baths (each 15 min.) | 97034 | _____ | 9. Other Services _____ | 99186 | _____ | _____ |
| 14. Ultrasound (15 min.) | 97035 | _____ | | | _____ | |
| 15. Hubbard Tank | 97036 | _____ | E. EVALUATION & MANAGEMENT | | | |
| 16. Unlisted Modality | 97039 | _____ | 1. Office Service, New | 99201 | _____ | |
| C. PHYSICAL PROCEDURES | | | 2. Office Service, Estab. | 99211 | _____ | |
| 17. Therapeutic Exercises or Procedures 1 or more areas | 97110 | _____ | 3. _____ | | _____ | ID#: |
| 18. Neuromuscular Re-education | 97112 | _____ | | | | |
| 19. Gait Training | 97116 | _____ | | | | |

NEXT APPOINTMENT: _____ / _____ AT _____ : _____ AM/PM