

Super Bill for Services: Adjustment33

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|---|---|-----------------------|---|---|--|---|---|---|--|---|---|---|---|---|--|---|
| Date of services _____ / _____ / _____ | Time in _____ | Time out _____ | | | | | | | | | | | | | | |
| Patient: _____ | | | | | | | | | | | | | | | | |
| CoPay:\$(_____) | | Total FEE:\$(_____) | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;"><input type="checkbox"/> 99202 Expanded Problem Focused Exam (20min.)</td><td style="width: 50%; border: none;"><input type="checkbox"/> 98940 Adjustment 1-2 Regions</td></tr><tr><td style="border: none;"><input type="checkbox"/> 99203 Detailed Exam Physical (30min.)</td><td style="border: none;"><input type="checkbox"/> 98941 Adjustment 3-4 Regions</td></tr><tr><td style="border: none;"><input type="checkbox"/> 99204 Comprehensive Exam (45 min.)</td><td style="border: none;"><input type="checkbox"/> 98942 Adjustment 5 Regions</td></tr><tr><td style="border: none;"><input type="checkbox"/> 99213 Expanded Exam Phys. (R&U)</td><td style="border: none;"><input type="checkbox"/> 98943 Extra Spinal (Extremities)</td></tr><tr><td style="border: none;"><input type="checkbox"/> 64550 Surface neurostimulator (Tens Education)</td><td style="border: none;"><input type="checkbox"/> 97010 Hot or cold pack application(8min)</td></tr><tr><td style="border: none;"><input type="checkbox"/> 97140 Manual Therapy Techniques (15min) (Distraction, Thumber Connective tissue, Deep blue)</td><td style="border: none;"><input type="checkbox"/> 97110 Therapeutic Procedure/Exercise(15min) (Application of Low back Bandage, Back Exer.)</td></tr><tr><td style="border: none;"></td><td style="border: none;"><input type="checkbox"/> 97112 Neuromuscular re-education (k-Tape)</td></tr></table> | | | <input type="checkbox"/> 99202 Expanded Problem Focused Exam (20min.) | <input type="checkbox"/> 98940 Adjustment 1-2 Regions | <input type="checkbox"/> 99203 Detailed Exam Physical (30min.) | <input type="checkbox"/> 98941 Adjustment 3-4 Regions | <input type="checkbox"/> 99204 Comprehensive Exam (45 min.) | <input type="checkbox"/> 98942 Adjustment 5 Regions | <input type="checkbox"/> 99213 Expanded Exam Phys. (R&U) | <input type="checkbox"/> 98943 Extra Spinal (Extremities) | <input type="checkbox"/> 64550 Surface neurostimulator (Tens Education) | <input type="checkbox"/> 97010 Hot or cold pack application(8min) | <input type="checkbox"/> 97140 Manual Therapy Techniques (15min) (Distraction, Thumber Connective tissue, Deep blue) | <input type="checkbox"/> 97110 Therapeutic Procedure/Exercise(15min) (Application of Low back Bandage, Back Exer.) | | <input type="checkbox"/> 97112 Neuromuscular re-education (k-Tape) |
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| Modifiers <input type="checkbox"/> -25 evaluation & Treatment <input type="checkbox"/> -52(reduced Service/time) <input type="checkbox"/> -59(97140/97110- with CMT) | | | | | | | | | | | | | | | | |
| Diagnosis (ICD10): _____ | | | | | | | | | | | | | | | | |
| Chase Gardner ATC, DC. _____ Initial=A Progress; Subsequent= D No Progress Sequelae= S | | | | | | | | | | | | | | | | |

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