

Attending Therapist's Statement

The Right Start Physical Therapy

109 Fifth Street
 Los Angeles, CA 90255
 (315) 465-2222

Date of Service _____

NPI # 122222222

Patient Name: _____	D.O.B. _____ Soc. Sec. # _____
Address: _____	Subscriber#: _____ Group# _____
Work Phone: _____	Return Visit _____

Office Visits	CPT	FEE	Therapeutic Procedures	CPT	FEE
<input type="checkbox"/> New Initial Evaluation	97001	_____	<input type="checkbox"/> Therapeutic Exercise – 15 min	97110	_____
<input type="checkbox"/> Est. Initial Evaluation	97002	_____	<input type="checkbox"/> Neuromuscular Re-ed – 15 min	97112	_____
_____	_____	_____	<input type="checkbox"/> Gait training – 15 min	97116	_____
_____	_____	_____	<input type="checkbox"/> Manual Therapy	97140	_____
_____	_____	_____	<input type="checkbox"/> Orthotic Fitting & Training – 15 min	97504	_____
_____	_____	_____	_____	_____	_____

I certify that I personally rendered the above services and that the charges shown represent my usual charges.	\$ _____	\$ _____
Therapist's Signature: _____	Today's Charge	Payment