

Anytown Chiropractic
123 Hickory
Anytown CA 00000

Date
Patient Name
Apportionment

Dr. Name

Description	CPT	Fee
<u>New Patient Services</u>		
00 E/M-Level 1	99201	
01 E/M-Level 2	99202	
02 E/M-Level 3	99203	
03 E/M-Level 4	99204	
04 E/M-Level 5	99205	
<u>Established Patient Services</u>		
10 E/M-Level 1	99211	
11 E/M-Level 2	99212	
12 E/M-Level 3	99213	
13 E/M-Level 4	99214	
14 E/M-Level 5	99215	
15 CMT 1-2 Levels	98940	
16 CMT 3-4 Levels	98941	
17 CMT 5 Levels	98942	
18 CMT Extrapinal	98943	
19 CMT E/spinal combo	98943-51	
<u>Diagnostic Imaging</u>		
20 Cervical 2-view	72040	
21 Cervical 3-view	72040-22	
22 Cervical 4-view	72050	
23 Cervical 7-view	72052	
24 Thoracic 2-view	72070	
25 Lumbosacral 2-view	72100	
26 Lumbosacral comp/obliques	72110	
27 Lumbosacral comp/bending	72114	
28 Full Spine AP and Lat.	72010	
29 Full Spine 1-view	72090	
220 Cervical 1-view	72020-40	
221 Thoracic 1-view	72020-40	
222 Lumbar 1-view	72020-40	

Description	CPT	Fee
<u>Physical Medicine-Unattended</u>		
30 Intersegmental Traction	97012	
31 Diathermy	97024	
32 Interferential	97014	
33 T.E.N.S.	97014	
34 Hot Packs	97010	
<u>Physical Medicine-Attended</u>		
40 Ultrasound	97128	
41 Therapeutic Exercise	97110	
42 Traction, manual	97122	
43A Myofascial Release	97250	
43 Physical Medicine 1 area	97110	
44 Spinal Manipulation	97260	
45 Manipulation additional area	97261	
46 Trigger Point Therapy	97139	
47 Additional 15 min. Procedure	97145	
48 Physical Medicine Modifier	09952	
49 Kinetic Activity 30 min.	97530	
491 Kinetic Activity add. 15 min.	97531	
<u>Orthopedic/Nutritional Supplies</u>		
50 Orthopedic Appliance	99070	
51 Lumbosacral Support	99070	
52 Cervical Pillow	99070	
53 Custom Orthotics	99070	
54 Cold Pack	99070	
55 Nutritional Supplements	99070	
56 Brief Supplemental Report	99080	
57 Complete Narrative Report	99199	

Records Release/Method of Payment

I Authorize the release of any medical information necessary to process claims, billings, or to obtain payment I also request payment of government benefits to the party who accepts assignment.

I acknowledge receipt of goods and services in the amount of the total shown hereon.

Patient Signature **X** _____

Total Todays Charges \$	_____
Fee Adjustment*\$	_____
*Reason	_____
Amount Due \$	_____
Amount Paid \$	_____

Remarks: _____

Next Appointment: _____