

# CENTER FOR ACUPUNCTURE & HEALING ARTS

**Date** \_\_\_\_\_ **Name** \_\_\_\_\_

<b>New patient office visit</b>	<b>@</b>	<b>Fee</b>	<b>Acupuncture Procedures</b>	<b>@</b>	<b>X</b>	<b>Fee</b>
99201 Self -limited/minor 10 min	35	_____	97810 Acupuncture 1 <sup>st</sup> unit	45		_____
99202 Problem focused 20 min	60	_____	97811 Acupuncture add'l unit	40	_____	_____
99203 Problem focused 30 min	85	_____	97813 Electroacupuncture 1 <sup>st</sup> unit	50		_____
99204 Detailed 45 min	115	_____	97814 Electroacu. add'l unit	40	_____	_____
99205 Comprehensive 60 min	140	_____	<b>Therapeutic Procedures</b>	<b>@</b>	<b>X</b>	<b>Fee</b>
<b>Established Pt office visit</b>	<b>@</b>	<b>Fee</b>	97110 Therapeutic exercises unit	35	_____	_____
99211-25 Minimal 5 min	15	_____	97114 Functional activities unit	35	_____	_____
99212-25 Problem focused 10 min	25	_____	97116 Gait training unit	35	_____	_____
99213-25 Problem focused 15 min	35	_____	97122 Neuromuscular re-ed unit	35	_____	_____
99214-25 Detailed 25 min	70	_____	97139 Sup/mon_____			_____
99215- 25 Comprehensive 40 min	100	_____	97140 Manual therapy unit	35	_____	_____
<b>House calls established patient</b>	<b>@</b>	<b>Fee</b>	97530 Therapeutic activities unit	35	_____	_____
99347 Self-limited / minor 15 min	105	_____	97535 Self care instruction unit	35	_____	_____
99348 Low to moderate 25 min	135	_____	97540 Training ADL unit	35	_____	_____
99349 Moderate to high 40 min	170	_____	<b>Physical Modalities</b>	<b>@</b>	<b>X</b>	<b>Fee</b>
99350 High / unstable 60 min	210	_____	97010 Hot/ Cold Packs			_____
+99354 Prolonged services 1 <sup>st</sup> hr	140	_____	97014 E-stim unattended			_____
+99355 Prolonged services ½ hour	70	x _____	97032 Manual e-stim unit	45	_____	_____
<b>Other Services</b>	<b>@</b>	<b>Fee</b>	97026 Infared unattended	15	_____	_____
99050 After posted hours	35	_____	97039 Attended_____	35	_____	_____
99051 Evening/ weekend	75	_____	S8948 LILT unit	40	_____	_____
99058 Urgent w/ no appointment	35	_____	<b>Miscellaneous</b>			<b>Fee</b>
99080 Special reports/forms unit	35	x _____	99070 Supplies			_____
99441 Mgmt tel call 10 min	15	_____	99071 Educational materials			_____
99442 Mgmt tel call 20 min	50	_____	E1399 Rentals			_____
97373 Mgmt tel call 30 min	70	_____				_____

**Return in**      **D** **W** **M** **Y**

**Instructions:**

**Billing Information**

Today's charges \_\_\_\_\_  
 Previous balance \_\_\_\_\_  
**BALANCE DUE** \_\_\_\_\_

**Today's payment**

Cash \_\_\_\_\_  
 Check \_\_\_\_\_