PATIENT: Fill out the personal information requested on your insurance co. claim form and attach this statement to it. This statement contains all the information the doctor is required to supply.

ATTENDING DOCTOR'S STATEMENT
OF SERVICES RENDERED

INSURANCE CARRIER: This statement has been adopted to keep paperwork down. Any additional form or itemized bills will be forwarded upon a receipt of $_____

Patient's Name: _____ Date of Service: _____ Place of Service: ☐ Office ☐ Home ☐ Other

NEW PATIENT (Office Visit)	Fee
☐ 99201 Self Limited or Minor	
☐ 99202 Low to Moderate Severity	
☐ 99203 Moderate Severity	
☐ 99204 Moderate to High Severity	
☐ 99205 Moderate to High Severity	
ESTABLISHED PATIENT (Office Visit)	
☐ 99211 Minimal	
☐ 99212 Self Limited or Minor	
☐ 99213 Low to Moderate Severity	
☐ 99214 Moderate to High Severity	
☐ 99215 Moderate to High Severity	
PROCEDURES	
☐ 97032 Elec. Stim. (manual) ea. 15 min.	
☐ 97035 Ultrasound, ea. 15 min.	
☐ 97110 Therapeutic Proc., ea. 15 min.	
☐ 97112 Neuromuscular Reeducation	
☐ 97124 Massage	
☐ 97139 Unlisted Therapeutic Proc. Specify_____	
☐ 97140 Manual Therapy Techniques (Manipulation, Myofascial Release, Manual Traction, Mobilization) 1 or more regions, ea. 15 min.	
☐ 98940 Manipulation, 1-2 regions	
☐ 98941 Manipulation, 3-4 regions	
☐ 98942 Manipulation, 5 regions	
☐ 98943 Extraspinal, 1 or more regions	

MODALITIES	Fee
☐ 97010 Hot/Cold Treatment	
☐ 97012 Traction, Mechanical	
☐ 97014 Electrical Stimulation (Unatt.)	
☐ 97039 Unlisted Modality Specify_____	
MISCELLANEOUS	
☐ 99070 Supplies/Supports	
☐ 99070 Supplements	
☐ 99080 Special Reports (UCR)	
☐ 99080 Review of Medical Records	
☐ _____ _____	
☐ _____ _____	
X-RAY DIAGNOSTIC STUDIES	
☐ 72040 Cervical Spine/2-3v	
☐ 72050 Cervical Spine/4-5v	
☐ 72052 Cervical Spine/6-7v (flex-ext)	
☐ 72070 Thoracic Spine/2v	
☐ 72072 Thoracic Spine/3v	
☐ 72080 Thoracolumbar/2v	
☐ 72090 Full Spine/1v (scoliosis study)	
☐ 72110 Lumbosacral Spine/4-5v	
☐ 72114 Lumbosacral/6-7v (flex-ext)	
☐ 72170 Pelvis/2-3v	
☐ 72202 Sacro-iliac Joints	
☐ 72220 Sacrum-coccyx/2 views	
☐ 73030 Shoulder/complete	
☐ 73080 Elbow/complete/3-4v	

	Fee
☐ 73090 Forearm/2v	
☐ 73110 Wrist/complete/3-4v	
☐ 73130 Hand/complete/3-4v	
☐ 73510 Hip/complete/3-4v	
☐ 73562 Knee/3v	
☐ 73564 Knee/4v	
☐ 73610 Ankle/4 views	
☐ 73630 Foot/2-3 views	
☐ _____ _____	
☐ _____ _____	
TOTAL FEE	

DIAGNOSIS: _____

☐ New Case ☐ Continued Claim

Accepted Assignment: ☐ Yes ☐ No

Doctor's Name _____

S.S.# or I.R.S.# _____

Phone # _____

Address _____

_____

Doctor's Signature

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White - Office Copy Yellow - Insurance Copy Pink - Patient's Copy

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☐ _____ _____
TOTAL FEE

DIAGNOSIS: _____

☐ New Case ☐ Continued Claim
Accepted Assignment: ☐ Yes ☐ No

Doctor's Name _____
S.S.# or I.R.S.# _____
Phone # _____
Address _____

_____
Doctor's Signature

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