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 \$_____

to supply.			
			Place of Service: Office Home Other
NEW PATIENT (Office Visit)	Fee	MODALITIES Fee	
		97010 Hot/Cold Treatment	73090 Forearm/2v
		97012 Traction, Mechanical	73110 Wrist/complete/3-4v
		□ 97014 Electrical Stimulation (Unatt.)	☐ 73130 Hand/complete/3-4v
		97039 Unlisted Modality	73510 Hip/complete/3-4v
☐ 99205 Moderate to High Severity _		Specify MISCELLANEOUS	☐ 73562 Knee/3v
ESTABLISHED PATIENT (Office Visit)			☐ 73564 Knee/4v
☐ 99211 Minimal _			
□ 99212 Self Limited or Minor _		□ 00000 0	
□ 99213 Low to Moderate Severity _		□ 99080 Special Reports (UCR) ====================================	
□ 99214 Moderate to High Severity _			
☐ 99215 Moderate to High Severity _			
PROCEDURES		X-RAY DIAGNOSTIC STUDIES	DIAGNOSIS:
$\hfill\Box$ 97032 Elec. Stim. (manual) ea. 15 min. $_$		☐ 72040 Cervical Spine/2-3v	
□ 97035 Ultrasound, ea. 15 min		☐ 72050 Cervical Spine/4-5v	
☐ 97110 Therapeutic Proc., ea. 15 min		☐ 72050 Cervical Spine/4-3V ☐ 72052 Cervical Spine/6-7v (flex-ext)	
☐ 97112 Neuromuscular Reeducation _		☐ 72070 Thoracic Spine/2v	_
□ 97124 Massage _		☐ 72072 Thoracic Spine/2v	☐ New Case ☐ Continued Claim
☐ 97139 Unlisted Therapeutic Proc		☐ 72080 Thoracolumbar/2v	Accepted Assignment: Yes No
Specify			
\square 97140 Manual Therapy Techniques $_$		72090 Full Spine/1v (scoliosis study)	Doctor's Name
(Manipulation, Myofascial Release, Manual		72110 Lumbosacral Spine/4-5v	S.S.# or I.R.S.#
Traction, Mobilization) 1 or more regions, ea. 15 min.		72114 Lumbosacral/6-7v (flex-ext)	
		☐ 72170 Pelvis/2-3v	Phone #
		72202 Sacro-iliac Joints	Address
-		☐ 72220 Sacrum-coccyx/2 views	
		☐ 73080 Elbow/complete/3-4v	
☐ 98943 Extraspinal, 1 or more regions _ #1-N MISSION PRINTING (559) 227-7640 (800) 693-2		White - Office Copy Yellow - Insurance Copy Pink - Patient's Co	INSURANCE CARRIER: This statement has been adopted to
		White - Office Copy Yellow - Insurance Copy Pink - Patient's Co ATTENDING DOCTOR'S STATEMENT OF SERVICES RENDERED	5
#1-N MISSION PRINTING (559) 227-7640 (800) 693-2 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		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
#1-N MISSION PRINTING (559) 227-7640 (800) 693-2 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 \$ Place of Service: Office Home Other Fee
#1-N MISSION PRINTING (559) 227-7640 (800) 693-2 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. Patient's Name:	2108	ATTENDING DOCTOR'S STATEMENT OF SERVICES RENDERED Date of Service:	INSURANCE CARRIER: This statement has been adopted to keep paperwork down. Any additional form or itemized bills will be forwarded upon a receipt of \$
#1-N MISSION PRINTING (559) 227-7640 (800) 693-2 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. Patient's Name: NEW PATIENT (Office Visit)	2108	ATTENDING DOCTOR'S STATEMENT OF SERVICES RENDERED Date of Service: MODALITIES 97010 Hot/Cold Treatment 97012 Traction, Mechanical	INSURANCE CARRIER: This statement has been adopted to keep paperwork down. Any additional form or itemized bills will be forwarded upon a receipt of \$
#1-N MISSION PRINTING (559) 227-7640 (800) 693-2 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. Patient's Name: NEW PATIENT (Office Visit) 99201 Self Limited or Minor	2108	ATTENDING DOCTOR'S STATEMENT OF SERVICES RENDERED Date of Service: MODALITIES Fee 97010 Hot/Cold Treatment	INSURANCE CARRIER: This statement has been adopted to keep paperwork down. Any additional form or itemized bills will be forwarded upon a receipt of \$
#1-N MISSION PRINTING (559) 227-7640 (800) 693-2 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. Patient's Name: NEW PATIENT (Office Visit) 99201 Self Limited or Minor 99202 Low to Moderate Severity 99203 Moderate Severity	2108	ATTENDING DOCTOR'S STATEMENT OF SERVICES RENDERED Date of Service: MODALITIES 97010 Hot/Cold Treatment 97012 Traction, Mechanical 97014 Electrical Stimulation (Unatt.) 97039 Unlisted Modality	INSURANCE CARRIER: This statement has been adopted to keep paperwork down. Any additional form or itemized bills will be forwarded upon a receipt of \$
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#1-N MISSION PRINTING (559) 227-7640 (800) 693-22 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. Patient's Name: NEW PATIENT (Office Visit) 99201 Self Limited or Minor 99202 Low to Moderate Severity 99203 Moderate Severity 99204 Moderate to High Severity	Fee	ATTENDING DOCTOR'S STATEMENT OF SERVICES RENDERED Date of Service: MODALITIES 97010 Hot/Cold Treatment 97012 Traction, Mechanical 97014 Electrical Stimulation (Unatt.) 97039 Unlisted Modality Specify MISCELLANEOUS	INSURANCE CARRIER: This statement has been adopted to keep paperwork down. Any additional form or itemized bills will be forwarded upon a receipt of \$
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#1-N MISSION PRINTING (559) 227-7640 (800) 693-24 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. Patient's Name: NEW PATIENT (Office Visit) 99201 Self Limited or Minor 99202 Low to Moderate Severity 99203 Moderate Severity 99204 Moderate to High Severity ESTABLISHED PATIENT (Office Visit) 99215 Moderate to High Severity 99216 Self Limited or Minor 99217 Self Limited or Minor 99218 Self Limited or Minor 99219 Self Limited or Minor 99219 Self Limited or Minor 99210 Moderate to High Severity PROCEDURES 97032 Elec. Stim. (manual) ea. 15 min. 97110 Therapeutic Proc., ea. 15 min. 97111 Neuromuscular Reeducation 97124 Massage	Fee	ATTENDING DOCTOR'S STATEMENT OF SERVICES RENDERED Date of Service: MODALITIES 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	INSURANCE CARRIER: This statement has been adopted to keep paperwork down. Any additional form or itemized bills will be forwarded upon a receipt of \$
#1-N MISSION PRINTING (559) 227-7640 (800) 693-24 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. Patient's Name: NEW PATIENT (Office Visit) 99201 Self Limited or Minor 99202 Low to Moderate Severity 99203 Moderate Severity 99204 Moderate to High Severity ESTABLISHED PATIENT (Office Visit) 99215 Moderate to High Severity 99216 Self Limited or Minor 99217 Self Limited or Minor 99218 Self Limited or Minor 99219 Self Limited or Minor 99219 Self Limited or Minor 99210 Moderate to High Severity PROCEDURES 97032 Elec. Stim. (manual) ea. 15 min. 97110 Therapeutic Proc., ea. 15 min. 97111 Neuromuscular Reeducation 97124 Massage	Fee	ATTENDING DOCTOR'S STATEMENT OF SERVICES RENDERED Date of Service: MODALITIES 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 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	INSURANCE CARRIER: This statement has been adopted to keep paperwork down. Any additional form or itemized bills will be forwarded upon a receipt of \$
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#1-N MISSION PRINTING (559) 227-7640 (800) 693-22 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. Patient's Name: NEW PATIENT (Office Visit) 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. 9710 Therapeutic Proc., 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	Fee	ATTENDING DOCTOR'S STATEMENT OF SERVICES RENDERED Date of Service: MODALITIES 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 72052 Cervical Spine/4-5v 72072 Thoracic Spine/3v 72080 Thoracolumbar/2v 72090 Full Spine/1v (scoliosis study) 72110 Lumbosacral Spine/4-5v	INSURANCE CARRIER: This statement has been adopted to keep paperwork down. Any additional form or itemized bills will be forwarded upon a receipt of \$
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