

Star Physical Therapy Service Fee Slip

Date/No# _____

Service(s)	Units	PPU	Cost \$
Total Cost			\$
Patient Portion			%
Total amount due today			\$

Patient Info	
Last Name	
First Name	
Type:	<input type="checkbox"/> hmo <input type="checkbox"/> pri <input type="checkbox"/> wc <input type="checkbox"/> lien <input type="checkbox"/> mc <input type="checkbox"/> auto <input type="checkbox"/> self <input type="checkbox"/> other:
Ins. Name	
Re-evaluate after _____ visits / days	
ICD-9 (NP only)	
P.T.	

Add fees:

Paid Signature:

We accept cash, check, Visa, Mastercard, American Express
A 10% fee applies to any balance not paid on the day of service.

Key & Code

IE = Initial Evaluation (97001)
 RE = Re-evaluation (97002)
 TE = Therapeutic Exercise (97110)
 EMS = Electrical Stimulation (97014)

STM = Soft-tissue Mobilization (97140)
 JM = Joint Mobilization (97140)
 US = Ultrasound (97035)
 CP/HP = Cold or Hot Pack (97010)

Workers Comp Key & Codes

IE = Initial Evaluation (98774)
 RE = Re-evaluation (98776)
 TE = Therapeutic Exercise (97110)
 EMS = Electrical Stimulation (97118)
 TX = Mechanical Traction (97012)
 Iso = Isokinetics (97620)

STM = Soft-tissue Mobilization (97250)
 JM = Joint Mobilization (97616)
 US = Ultrasound (97128)
 CP/HP = Cold or Hot Pack (not reimb)
 Ice Comp = Ice compression (97039)
 WC = Wound Care (97500)

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