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MA#241525, NPI#1265669618

Patient Name:	Date:
DOB:	

NEW PATIENT (Office Visit)				ACUPUNCTURE PROCEDURES			
CPT	Mod.	DESCRIPTION	Fee	CPT	DESCRIPTION	Fee	
99201		Limited: 10 Min.		97810	One or More Needles w/o Electrical Stim. Initial 15 Min.		
99202		Expanded: 20 Min.		97811	Each additional 15 Minutes w/o Electrical Stim.		
99203		Detailed: 30 Min.		97813	One or More Needles with Electrical Stim. Initial 15 Min.		
99204		Comprehensive: 45 Min.		97814	Each additional 15 Minutes with Electrical Stim.		
99205		Complex: 60 Min.		PHYSICAL MEDICINE SERVICES			
ESTABLISHED PATIENT (Office Visit)				97010	Hot or Cold Packs		
99211		Minimal: 5 Min.		97014	Electrical Stimulation (Unattended)		
99212		Limited: 10 Min.		97032	Electrical Stimulation Manual (Attended) 15min		
99213		Expanded: 15 Min.		97026	Infra Red Heat		
99214		Detailed: 25 Min.		97039	Unlisted Modality - specify:		
99215		Comprehensive: 40 Min.		97110	Therapeutic Exercise 15 min		
				97112	Neuromuscular Reeducation 15 min		
				97124	Massage Therapy 15 min		
				97140	Manual Therapy 15 min		
				97150	Therapeutic Activity Group		
				97530	Therapeutic Activity 15 min		
				97799	Unlisted Physical Medicine or Rehabilitation specify		
				INJECTION			
				20552	Injec.(s); single or multi. trigger point(s) 1 or 2 muscle(s)		
				20553	Single or Multiple trigger point(s), 3 or more muscle(s)		

DIAGNOSIS	
ICD 9/10	
1	
2	
3	
4	
5	

Authorization To Release Information: I authorize the release of any information requested to process this claim.	
<u>Signed:</u> _____	Patient's name

CHARGES AND PAYMENTS	
Total of today's charges	\$ _____
Total Paid	\$ _____
Balance Due	\$ _____

Provider Signature _____ LAc License # _____