

Sports Medicine Institute

Tax ID #94-3256879 / NPI #1003448614

Palo Alto Office

260 Sheridan Ave, Suite B40
Palo Alto, CA 94306
Phone: (650) 322-2809 Fax: (650) 325-6980

San Francisco Office

Purple Patch Fitness Center
268 Alabama Street
San Francisco, CA 94103
Phone: (415) 590-7532

SUPERBILL

Patient Information:

Patient Name: _____ Gender: M _____ F _____
Address: _____
Phone Number: _____ Date of Birth: _____ Age: _____

Insurance Information:

Subscriber Name: _____ Relation to Patient: _____
Insurance Company: _____
Subscriber ID: _____ Group # _____

Diagnosing Physician: _____ Date of Prescription: _____
Diagnosis: _____
icd-10 code(s): _____

Therapist Name: _____ Date of Service: _____
Signature: _____

PROCEDURES

	CPT	UNITS	FEE
Therapeutic Procedure (15 min/unit)	97110	_____	_____
Neuromuscular Re-Education (15 min/unit)	97112	_____	_____
Manual Therapy Technique (15 min/unit)	97140	_____	_____
Therapeutic Activity (15 min/unit)	<u>97530</u>	_____	_____
Other			

MODALITIES

Application of Hot/Cold Pack (15 min/unit)	97010	_____	_____
Whirlpool (15 min/unit)	97022	_____	_____
Contrast Baths	<u>97034</u>	_____	_____
Other			

TOTAL BILL _____
