

DR. CATHERINE RYAN, D.C.

NPIN# 1326118605

Provider # DC0259240

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SUPER BILL

PATIENT INFORMATION

Patient Name: _____ Gender: M ___ F ___

Address: _____

Social Security #: _____ Age: _____ Date of Birth: _____

Work Phone: _____ Occupation: _____

Home Phone: _____ Employer: _____

Cell Phone: _____ Driver's License: _____

INSURANCE INFORMATION

Name of person responsible for account: _____

Relation to Patient: _____ Birth date _____ Social Security # _____

Address (If different from patient's) _____ Phone: _____

City: _____ State: _____ Zip: _____

Person Responsible Employed By: _____ Occupation: _____

Business Address: _____ Business Phone: _____

Insurance Company: _____

Subscriber # _____ Group # _____

Service Rendered on Location

Outpatient Service

Procedures	CPT	MOD/TS	UNIT	FEE
Initial Exam	99201		_____	_____
Initial Exam Expanded	99203		_____	_____
Neuromuscular Re-Education (15min/unit)	97112		_____	_____
Re-Exam Expanded	94213		_____	_____
Spinal Manipulation 1-2 Region	98940		_____	_____
Spinal Manipulation 3-4 Region	98941		_____	_____
Spinal Manipulation 5-6 Region	98942		_____	_____
Manual Therapy Technique (15 min/unit)	97140	59	_____	_____
Therapeutic Activity (15 min/unit)	97530		_____	_____
Modalities				
Application of Hot/Cold Pack (15 min/unit)	97010		_____	_____
Whirlpool (15 min/unit)	97022		_____	_____
Contrast Baths (15 min/unit)	97034		_____	_____

TOTAL BILL _____

Diagnosing Physician: _____ Date of Prescription: _____

Diagnosis: _____

icd-9 codes: _____

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Date of Service: _____

Signature: _____