

Sports Medicine Institute

Tax ID # 94-3256879

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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)	97530	_____	_____
Other	_____	_____	_____

MODALITIES

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

TOTAL BILL _____
