

# COLLEEN BURKE, L.AC.

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## SUPER BILL

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt/Ste #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### DIAGNOSIS (check all that apply)

_____ 307.40 Insomnia	_____ 473.9 Sinusitis, chronic	_____ 723.1 Neck Pain
_____ 307.81 Tension Headache	_____ 789.0 Abdominal Pain	_____ 719.41 Shoulder Joint Pain
_____ 401.0 Hypertension	_____ 535.50 Gastritis	_____ 726.32 Lateral Epicondylitis
_____ 780.4 Dizziness/Vertigo	_____ 787.1 Heartburn	_____ 724.2 Lumbago
_____ 493.90 Asthma	_____ 726.60 Iliotibial Band Syndrome	_____ 724.3 Sciatica
_____ 466.0 Bronchitis	_____ 728.9 Gastrocnemius/Soleus Strain	_____ 728.83 Hamstring Pain
_____ 477.9 Rhinitis, allergic	_____ 728.71 Plantar Fasciitis	_____ 719.46 Knee Joint Pain
_____ 472.0 Rhinitis, chronic	_____ 729.1 Myalgia	Other ICD-9: _____
_____ 461.9 Sinusitis, acute	_____ 728.9 Muscle Strain	Diagnosis: _____

### Service Rendered on Location

### Outpatient Service

PROCEDURES	CPT	UNIT	FEE
Initial Consultation	99201	_____	_____
Review Consultation	99211	_____	_____
Acupuncture without Electrical Stimulation -Initial 15 minutes	97810	_____	_____
Acupuncture without Electrical Stimulation -Additional 15 minutes	97811	_____	_____
Acupuncture with Electrical Stimulation -Initial 15 minutes	97813	_____	_____
Acupuncture with Electrical Stimulation -Additional 15 minutes	97814	_____	_____

Date of Service: \_\_\_\_\_

TOTAL BILL \_\_\_\_\_

Signature of Colleen Burke, L.Ac.

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