Pins & Needles Acupuncture, LLC
A. Hurts, L.Ac.
4319 Avenue X • Seattle, WA. 98103
206.501.8000 tel.

EIN# 20-0000000
NPI# 19000000000

Date of Service_____

NEW PATIENT	CPT	FEE
☐ Problem Focused-10 min	99201	_____
☐ Exp. Problem Focused-20 min	99202	_____
☐ Detailed Hist & Exam-30 min	99203	_____
☐ Comp. Hist & Exam-45 min	99204	_____
☐ Comp. Hist & Exam-60 min	99205	_____

ESTABLISHED PATIENT	CPT	FEE
☐ Problem Focused-10 min	99212	_____
☐ Exp. Problem Focused-15 min	99213	_____
☐ Detailed Hist & Exam-25 min	99214	_____
☐ Comp. Hist & Exam-40 min	99215	_____

ACUPUNCTURE	CPT	FEE
Acupuncture one or more needles without electrical stimulation with 1:1 contact:		
☐ Initial 15 min.	97810	_____
☐ Additional 15 min.	97811	_____
Acupuncture one or more needles with electrical stimulation with 1:1 contact:		
☐ Initial 15 min.	97813	_____
☐ Additional 15 min.(reinsertion)	97813	_____
☐ Infrared Therapy	97026	_____

MEDICAL NUTRITION THERAPY	CPT	FEE
☐ Initial assessment and intervention, individual, each 15 min.	97802	_____
☐ Re-assessment and intervention, individual, each 15 min.	97803	_____

THERAPEUTIC PROCEDURES	CPT	FEE
☐ Massage procedure (incl. stroking, compression, percussion) 15 min.	97124	_____
☐ Manual therapy techniques (eg. myofascial release, mobilization, manipulation, manual traction) one or more regions each 15 min.	97140	_____
☐ Therapeutic exercises, one or more areas, 15 min.	97110	_____

DIAGNOSIS

☐ Abdominal Pain:	789.0	☐ Common cold	460.0	☐ Neuralgia	729.2
☐ Allergies	995.3	☐ Constipation	564.0	☐ Radiculopathy	729.2
☐ Anxiety	300.0	☐ Contusion	924.9	☐ Sciatic Neuralgia	724.3
☐ Arthritis	716. 9	☐ Cystitis	595.0	☐ Sinusitis	473.9
☐ Brachial Neuritis	723.4	☐ Dysmenorrhea	625.3	☐ Tendonitis	726.90
☐ Bursitis	727.3	☐ Headache	784.0	☐ Pain, Foot/Ankle	719.47
☐ Carpal Tunnel Syndrome	354.0	☐ Lumbago	724.2	☐ Pain, Knee	719.46
☐ Cervical Disc Displacement	722.0	☐ Malaise / fatigue	780.7	☐ Pain, Hip	719.45
☐ Cervical Spondylosis	738.4	☐ Myalgia	729.1	☐ Back Pain (unspecified)	724.5
☐ _____	____	☐ _____	____	☐ _____	____

☐ Back pain (sciatica)	724.3
☐ Pain, Chest	786.50
☐ Pain, Shoulder	719.41
☐ Pain, Elbow	719.42
☐ Pain, Wrist/Hand	719.44
☐ Pain, symptoms involving head and neck	784.0
☐ Pain, Neck/Cervicalgia	723.1
☐ Pain, Face or Head	784.0
☐ _____	____

Patient Name:_____ D.O.B. _____ Soc. Sec. #_____

Address:_____ Subscriber#:_____Group#_____

Work Phone: _____ Return Visit _____

Physician's statement: I certify that I personally rendered the above services and that thecharges shown represent my usual charges.

Signature_____ Date:_____

☐ If Box Is Checked Please Remit Payment Directly To Patient

$	$
Today's Charge	Payment