

# HEALTHCARE CLAIM FORM – PHYSIOTHERAPY SESSION

## ***Patient & Member Info***

Claim ID: CLM-2025-0002

Member ID:

Patient Name: Sarah Williams

Date of Birth: 12/22/1990

## ***Provider Info***

Provider Name: MotionPlus Physical Therapy

Provider NPI: 0987654321

Tax ID: 98-7654321

## ***Service Details***

Service Date From: 01/15/2025

Service Date To: 01/15/2025

## ***Charges***

Total Charge Amount: 180.00

Payment Method: Insurance

Notes: Therapeutic exercise for low back pain

Line	CPT/HCPCS Code	ICD-10 Code	Units	Line Amount
1	97110	M54.50	2	180.00