

December 17, 2024

TO: ACCELERATED - WORKERS COMP RE: BILLS REPROCESSING DEPARTMENT 33 E BLACKWELL ST. DOVER, NJ 07801-3976

RE: SCOTT, DEJON CLAIM # IWC086802 DOI: 01/31/24

DOS: Please refer to the letter below for all outstanding dos Provider of Service: SPORTSMED PT, LLC TIN#824913997

Dear Adjuster/Reconsiderations Department:

Thank you for your prior payments for services rendered in our office on behalf of Dejon Scott. This is my formal request for reprocessing of our claim for payment for Acupuncture DOS:

DOS 03/11/2024, CHARGE AMOUNT: \$1,134.00 DOS 03/13/2024, CHARGE AMOUNT: \$884.00 DOS 03/20/2024, CHARGE AMOUNT: \$884.00

We ask for reconsideration of the above aforementioned date of service. Our patient came seeking our specialists' help with the current condition, and the patient gradually demonstrated progress through the course of treatment. We strongly feel that our requested services are warranted and necessary in the management of the above patient's condition, please review accordingly and process for payment (please review all the pertinent documentation attached) Acupuncture treatment, as part of an individual's health care, is considered medically necessary and is provided for the purpose of minimizing or eliminating impairments, activity limitations, and/or participation restrictions.

Treating a condition as provided in Article 136 or 156 of the Education Law, in the Workers' Compensation Law, and the Rules of the Chair relative to Occupational/Physical Therapy Practice, all medical treatments costing less than \$1000 are pre-authorized.

Chapter 6 of the Laws of 2007, the 2007 workers' compensation reform legislation, amended this statutory provision to increase the threshold for prior authorization from \$500 to \$1,000. The reform legislation also amended the section to add a provision directing the Chair to issue and maintain a list of pre-authorized procedures costing more than \$1,000.



All medical records pertaining to these claims are attached to this remittance and were previously submitted and on file. Please review this additional information and kindly process our claim for payment.

As you can see from our records, treatment was medically necessary and appropriate.

Please feel free to contact me with any questions you might have.

Respectfully,

Worker's Comp Medical Billing Specialist

SportsMed Physical Therapy

Sharon Vasquez

TEL:(551)288-1488 EXT: 488

FAX:(201) 514-1588

svasquez@spineandsportsmed.com



HEALTH INSURANCE CLAIM FORM

ACCELERATED INC.-WORKERS COMP 33 E BLACKWELL ST, DOVER, NJ 07801-3976

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA						PICA				
1. MEDICARE MEDICA	,	CHAMPVA GR	OUP ALTH PLAN BLK LUNK	OTHER (ID#)	1a. INSURED'S I.D. NUMBER	(For Program in Item 1)				
(Medicare#) (Medicalo	· L L	(Member ID#) [(ID:	#) (ID#)	X (ID#)	IWC086802					
2. PATIENT'S NAME (Last Name)	e, First Name, Middle Initial)		DD YY	1H DATE SEX 4. INSURED'S NAME (Last Name, First Name, Middle Ini						
SCOTT, DEJON 5. PATIENT'S ADDRESS (No., 1)	treet		08 1992 MX TRELATIONSHIP TO INSU	F	SCOTT, DEJON					
35 GROVE PLACE	HISTORY .			Other	7. INSURED'S ADDRESS (No., Street)					
CITY	1	- hame	Spouse Child	Other	35 GROVE PLACE					
EAST ORANGE,	IS	NJ O. ALGER	VED FOR NOCC USE		EAST ORANGE, US NJ					
ZIP CODE	TELEPHONE (Include Area C	1			ZIP CODE	TELEPHONE (Include Area Code)				
07017	()-				07017	() -				
9. OTHER INSURED'S NAME (ast Name, First Name, Middle In	nitial) 10. IS PAT	ENT'S CONDITION RELAT	ED TO:	11. INSURED'S POLICY GROUP	OR FECA NUMBER				
a. OTHER INSURED'S POLICY	OR GROUP NUMBER	a. EMPLO	YMENT? (Current or Previous	ıs)	a. INSURED'S DATE OF BIRTH	SEX				
			X YES NO		10 08 199	2 M X F				
. RESERVED FOR NUCC US		b. AUTO A		LACE (State)	b. OTHER CLAIM ID (Designated	by NUCC)				
			YES X NO	L	Í					
. RESERVED FOR NUCC USE		c. OTHER	ACCIDENT?		c. INSURANCE PLAN NAME OR					
1. INSURANCE PLAN NAME O	PROGRAM NAME	461.61	YES X NO	HOO)		NCWORKERS COMP				
I. INSURANCE PLAN NAME O	PHUGHAM NAME	10d. CLAIN	CODES (Designated by N	UCC)	d. IS THERE ANOTHER HEALTH					
REAT	BACK OF FORM BEFORE CO	MDI ETING & SIGNING	THIS FORM			If yes, complete items 9, 9a, and 9d. D PERSON'S SIGNATURE I authorize				
2. PATIENT'S OR AUTHORIZE	D PERSON'S SIGNATURE I au quest payment of government ber	thorize the release of an	y medical or other informatio	n necessary gnment		the undersigned physician or supplier for				
SIGNED Signatur			ATE 12/17/24		_{SIGNED} Signatu:					
	SS, INJURY, or PREGNANCY (L	MP) 15. OTHER DAT	E MM DD	YY	16. DATES PATIENT UNABLE TO	WORK IN CURRENT OCCUPATION				
01 31 24 07. NAME OF REFERRING PRO	UAL 431	178.	TO THE PERSON OF STREET	and all the	FROM 18 HOSPITALIZATION DATES E	TO CURRENT SERVICES				
	THE STATE OF THE S	17b. NPI			FROM DD Y	RELATED TO CURRENT SERVICES MM DD YY TO				
9. ADDITIONAL CLAIM INFOR	MATION (Designated by NUCC)				20. OUTSIDE LAB?	\$ CHARGES				
					YES X NO	1				
1. DIAGNOSIS OR NATURE C	ILLNESS OR INJURY Relate	A-L to service line below	(24E) ICD Ind. 0		22. RESUBMISSION CODE					
A. M25562	В	c. L	10		CODE	ORIGINAL REF. NO.				
E. L	F. L	G, L	D. L.		23. PRIOR AUTHORIZATION NU	IMBER				
ı. L	J. L	к	I							
4. A. DATE(S) OF SERVIO	E B. C. To PLACE OF	D. PROCEDURES, SEI (Explain Unusual C	RVICES, OR SUPPLIES	E. DIAGNOSIS	F. G. DAYS OR UNITS	H. I. J. EPSOT ID. RENDERING Family Plan QUAL PROVIDER ID. #				
MM YY MM		CPT/HCPCS	MODIFIER	POINTER	\$ CHARGES UNITS	Pamily Plan QUAL PROVIDER ID. #				
anaprise per la		1								
03 11 24 03	11 24 11	99202 2	5 1	A	250 00 1	NPI 1104551373				
2111 21 21										
3 11 24 03	11 24 11	97814		A	400 00 2	NPI 1104551373				
3 11 24 03	11 24 11	97813			225 00 1	ND 1104551373				
75 111 24 03	L	91013		A	ZZ2 00 1	NPI 1104551373				
3 11 24 03	11 24 11	97140 59	a		150 00 1	NPI 1104551373				
2 2 2 2 00		J/140 3:	14 2 2 2 2 2 2 2 2	A	130,001	1104331373				
3 11 24 03	11 24 11	97026 5	9	A	109 00 1	NPI 1104551373				
						NPI				
5. FEDERAL TAX I.D. NUMBE		ATIENT'S ACCOUNT N	(For govt. claims,	IGNMENT?	ASSET AND A TRANSPORT AND A SECURIT OF THE PROPERTY OF THE PRO	AMOUNT PAID 30. Rsvd for NUCC L				
324913997	Annual Annual	8596Z6701	Lancard Lancard	NO	\$ 1134 00 \$	0 00				
1. SIGNATURE OF PHYSICIAI INCLUDING DEGREES OR (I certify that the statements apply to this bill and are mad ignature on Fi	CREDENTIALS SPO in the reverse 122 le a part thereof.)	ERVICE FACILITY LOCA RTSMED PT, 5 STUYVESAN ON, NJ 0708	LLC IT AVENUE		33. BILLING PROVIDER INFO & SPORTSMED PT, L 266 HARRISTOWN GLEN ROCK, NJ 0	LC ROAD, SUITE 304				
TOANNE KIM,	.AC		K							
SIGNED 12/17/24	DATE a. 18	341787645	b.		a. 1841787645 b.	(6) 与在中国人的企业的企业人们对其实人				



☑ IE □RE

SPORTSMEDPT, LLC

Patient Name: SCOTT. DEJON	Date: <u>03/11/2024</u>
Chief Complaint: L KNEE PAIN	
Subjective: A 31-year-old male patient complains of L knee p a criminal two years ago—minor swelling on the I	ain. The patient, a police officer, injured his knee while chasing Distal Quad.
Objective: By palpation, patient has tenderness and tightness difficulty walking.	s in the L knee. Due to the pain, patient has
- State: Wet/ Dry/ Greasy Coat: Thick/	ped/ Cracks/ Red Tip/ Pointy/ Thick/ Thin/ Large / Thin/ White/ Yellow / Green / String-taught/ Thready/ Choppy/ Empty/ Tense/ Slippery
Pain Level 1-10 (1 Least pain, 10 = Worst pain)	
Headaches () - Shoulder () - Hand ()	- Thoracic () - Thigh () - Foot (
- TMJ () - Arm () - Fingers (- Lumbar () L Knee (71) - Toes (
Neck () [Elbow () Wrist (- Hip ()
Burning/ Tingling/ Throbbing/ S Radiating to: Head -	/ Foot / Toes / Toes / Assisting Arm/ Pulling/ Pushing/ Carrying Heavy Object/ Down/ Getting Up or Lying Position/ Changing Positions/ Pushing/ Coughing/ Sneezing/ Weight Bearing/
Eastern Diagnosis: ✓ Qi Stag./ ✓ Blood Stasis/ - Del Treatment Principle: Move Qi/Blood / Tonify Qi/Blood / ✓ Other: None	
Review of Symptoms: Aversion to: Cold / Heat / Either / Neither Energy Overall temperature (KD) - Body Temp or Sensation/ LU & KD: Difficult Keeping Eye Open/ Shortness of Bread	

Review of Symptoms: (CONTINUE)									
Sleep (HT): hours									
Cravings: for None									
SP/ST: Normal / □Sudden Weight - □ / □Bloating/ □Gas/ □ST Gurgling/ □Easily Bruised/ □Pensive/ Over Thinking / □Heartburn / □Belching / □Nausea / □Vomiting / □Discomfort									
Bowel:day: Vormal /Constipation /Loose Stool/Hard Stool/Diarrhea/Burning/Blood present/									
- Hemorrhoid									
Bladder (KD & BL): day:Normal/Excessive/Little Urination/Color (Dark/Yellow/Pale)/Painful/Bloody/Night Urination									
Eye:									
Hearing: ✓ Normal/ ☐Poor / ☐Ringing in th									
Emotion: Normal/ Anxiety / Depression	74.6.	MAY	s / Irritability	/ Stressed					
Palpitation: Yes / No			hanne /	•					
Hypertension: Yes / No									
Menses: yrs. started Durat	tion:		Last	menses dates:					
Pregnant:Yes / No Color:	Clots: -		size (Cramps: Before/ During/ After					
Others: None		524 554 24 44 44	A Color Colo						
THORIC .									
The control of the co	5 // 5 September 18 190 # 5	· *. *. *. · · · · · · ·		The second secon					
Treatment:	T			AREA OF TREATMENT					
Acupuncture Set	# Needles	E-Stim	CPT Code	Time					
1: Li11(E), Li4(E), LV3	6	Yes	97813	15 / / / / /					
2: L)BL57(E), BL58(E), B)BL40, BL60	6	Yes	97814	15					
3: L)ST34E), SP10(E), GB34, ST36, LV8	5	Yes	97814	15					
97810/97813: Initial 15-minute insertion of needles and per	rsonal one-on	one conta	ct with the patient						
97811/97814: Additional 15 minutes re-insertion of needles Other: Infrared (97026) Cupping (97139)	s and persona	l one-on-or	ne contact with the	patient					
Treatment Plan: Continue Frequency: 3									
Note:			The state of the s						
				Front Back					
✓N/A / NO-FAULT									
This is an initial narrative report regarding the above named who ca	me under my	care seeking	treatment for injurie	es sustained in a motor vehicle accident.					
D.O.A:									
The patient was a									
Patient is suffering from post-traumatic "Bi" syndrome. Besides the specific areas of pain described, the patient's energy (qi) & blood circulation are impaired due to the extreme physical and mental stress that resulted from the accident. The patient has / will / start(ed) acupuncture treatment for post-traumatic pain. Needling has / will be used to reestablish normal function. Local points was / will be chosen in the specific areas of pain to release trigger points , remove fluid congestion , and initiate the healing process. Distal point was / will be chosen to stimulate acupuncture meridians along the course of pain and to re-establish proper movement of qi and blood. Special points was / will be selected as necessary to treat headache, dizziness , anxiety , depression, stress and insomnia if indicated. I recommend the treatment of acupuncturetimes per week for weeks for improvement of the conditions indicated.									
⋌ ~	·								
ACUPUNCTURIST'S SIGNATURE									



HEALTH INSURANCE CLAIM FORM

ACCELERATED INC.-WORKERS COMP 33 E BLACKWELL ST, DOVER, NJ 07801-3976

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA			PICA					
MEDICARE MEDICAID TRICARE CHAMPY	- HEALTH PLAN - RIKITING	1a. INSURED'S I.D. NUMBER (For	Program in Item 1)					
(Medicare#) (Medicaid#) (ID#/DoD#) (Member II)#)	IWC086802						
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)						
SCOTT, DEJON	10 08 1992 MX F	SCOTT, DEJON						
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)						
35 GROVE PLACE CITY STATE	Self X Spouse Child Other	35 GROVE PLACE						
EAST ORANGE, US STATE	8. RESERVED FOR NUCC USE	CITY ST.						
ZIP CODE TELEPHONE (Include Area Code)		EAST ORANGE, US ZIP CODE TELEPHONE (Inclu	NJ					
07017 () -		07017 () -	ide Area Code)					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER						
of other state (cas rains, i not realis, mode initial)	10. 13 PATIENT 3 CONDITION RELATED TO.	11. INSURED'S POLICY GROUP ON PECA NUMBER						
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH	SEX					
	X YES NO	MM DD YY 10 08 1992 MX						
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)	L					
	YES X NO							
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR PROGRAM NAME						
	YES X NO	ACCELERATED INCWORKE	RS COMP					
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?						
		YES X NO If yes, complete items	9, 9a, and 9d.					
READ BACK OF FORM BEFORE COMPLETING 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE authorize the	& SIGNING THIS FORM.	13. INSURED'S OR AUTHORIZED PERSON'S SIGNA						
to process this claim. I also request payment of government benefits either below.		payment of medical benefits to the undersigned phy services described below.	valuation supplier for					
SIGNED Signature on File	12/17/24	Git Fil						
	_{DATE} _12/17/24	SIGNED Signature on Fil						
MM DD YY	OTHER DATE MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURREN	T OCCUPATION DD YY					
01 31 24 QUAL 431 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 178		FROM TO 18 HOSPITALIZATION DATES BELATED TO CURRE	NT SERVICES					
	NPI	18. HOSPITALIZATION DATES RELATED TO CURRE MM DD YY MM FROM TO	DD YY					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	THE	20. OUTSIDE LAB? \$ CHARGE	S					
,		YES X NO	Ī					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to servi	ce line below (24E) ICD Ind. 0	22. RESUBMISSION						
A. [M25562 В. L С. L.		CODE ORIGINAL REF. NO	h.					
E. L G. L		23. PRIOR AUTHORIZATION NUMBER						
I J K								
	DURES, SERVICES, OR SUPPLIES E. in Unusual Circumstances) DIAGNOSIS	F. G. H. I.	J. RENDERING					
MM DD YY MM DD YY SERVICE EMG CPT/HCP		\$ CHARGES UNITS Plan QUAL.	PROVIDER ID. #					
	Total Control of State							
03 13 24 03 13 24 11 97814		400 00 2 NPI 110	04551373					
03 13 24 03 13 24 11 97813	B	225 00 1 NPI 110	04551373					
03 13 04 03 13 04 11 1								
03 13 24 03 13 24 11 97140) 59	150 00 1 NPI 110	04551373					
03 13 24 03 13 24 11 97026	1 50 1 1 1 1	100 001	MEE1272					
03 13 24 03 13 24 11 9 / 026	5 59 A	109 00 1 NPI 110	04551373					
		NPI NPI						
		NPI	ى قالداك كالهادية بالوج					
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S A	CCOUNT NO. 27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE 29. AMOUNT PAID	30. Rsvd for NUCC Use					
824913997 X 1698652		\$ 884 00 \$ 0 00						
31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE FA	CILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # (201)	345-6173					
(I certify that the statements on the reverse	D PT, LLC YVESANT AVENUE	SPORTSMED PT, LLC 266 HARRISTOWN ROAD, SUIT						
	J 07083-3837	GLEN ROCK, NJ 07452-3354	LE 304					
JOANNE KIM, L.AC								
SIGNED 12/17/24 DATE a. 184178	7645	a. 1841787645 b.						



SPORTSMEDPT, LLC

Patient Name: SCOTT, DEJON	Da	ite: 03	/13/2024	Name of Addition
Complaint(s) of (Pain level 1-10): ☐ Headaches () ☐ Shoulder L R (☐ TMJ L R () ☐ Arm L R (☐ Neck L R () ☐ Elbow L R (☐ Thoracic L R () ☐ Wrist L R (☐ Lumbar L R () ☐ Hand L R (☐ Chest L R () Pain described as: ✓ Constant / ☐ Frequent / ☐ Intermittent / ☐ Occasional;))))			()
Sharp/Sore/ Cramp/Ache/ Dull/Stiff/ Burning/ Numb/ Tingling/ The Non-radiating to: Shoulder			Fingers	
Symptom improved and sustained Symptom Improved but did not main	ntain No	o improven	nent in sympto	ms
Additional Comments: None	***************************************			
Examination: Palpation Revealed:				
- Tenderness/Tightness in: Cervical - / Thoracic - along UB/ GB/ SJ/ SI	channels	Promise and Assessment		
- Tenderness/Tightness in: Shoulder - / Arm - / along LI/ SJ/ SI channe		/ _ /	Wrist [/	Hand -
Severe Tenderness/Tightness in: Hip - / Thigh - / VI along VSP/VST/VGB/VLV				ot [-
Swelling noted in: None				
Tongue: Color: Pale/ Red/ Pink/ Purple Shape: Scalloped/ Color: State: Greasy/ Wet/ Dry Coat: Thick/ Thin/ Velastern Diagnosis: Qi Blood stagnation/ Deficiency/ Bl syndrome/ Western Diagnosis: L KNEE PAIN Treatment Principle: Move Qi/ Tonify Qi/Blood / Disperse stagnation/ Treatment Goals: Alleviate Pain/ Improve functional capacities/ Reduced	Vhite/ Yello Damp accum Drain Dan	w/ Grey nulation/ C	Other:	
State: Greasy/ Wet/ Dry Coat: Thick/ Thin/ VEASTERN Diagnosis: Qi Blood stagnation/ Deficiency/ BI syndrome/ Western Diagnosis: L KNEE PAIN Treatment Principle: Move Qi/ Tonify Qi/Blood / Disperse stagnation/	Vhite/ Yello Damp accum Drain Dan	w/ Grey nulation/ C	Other:	
State: Greasy/ Wet/ Dry Coat: Thick/ Thin/ VEastern Diagnosis: Qi Blood stagnation/ Deficiency/ Bl syndrome/ Western Diagnosis: L KNEE PAIN Treatment Principle: Move Qi/ Tonify Qi/Blood / Disperse stagnation/ Treatment Goals: Alleviate Pain/ Improve functional capacities/ Reduce Treatment: Acupuncture: Set	Vhite/ _Yello Damp accum _ Drain Dan e tenderness a	w/ Grey nulation/ c npness/ c and tightne	Other:	e Time
State: Greasy/ Wet/ Dry Coat: Thick/ Thin/ VEastern Diagnosis: Qi Blood stagnation/ Deficiency/ Bl syndrome/ Western Diagnosis: L KNEE PAIN Treatment Principle: Move Qi/ Tonify Qi/Blood / Disperse stagnation/ Treatment Goals: Alleviate Pain/ Improve functional capacities/ Reduce Treatment: Acupuncture: Set 1: LI11(E), LI4(E), LV3	Vhite/ _Yello Damp accum Drain Dan e tenderness a # Needles	mpness/ and tightne E Stim	Other: Other: ess CPT Code 97813	e Time
State: Greasy/ Wet/ Dry Coat: Thick/ Thin/ VEastern Diagnosis: Qi Blood stagnation/ Deficiency/ Bl syndrome/ Western Diagnosis: L KNEE PAIN Treatment Principle: Move Qi/ Tonify Qi/Blood / Disperse stagnation/ Treatment Goals: Alleviate Pain/ Improve functional capacities/ Reduce Treatment: Acupuncture: Set	Vhite/ Yello Damp accum Drain Dan tenderness a	w/ Greynulation/ npness/ and tightne	Other: Other:ess	e Time
State: Greasy/ Wet/ Dry Coat: Thick/ Thin/ VEastern Diagnosis: Qi Blood stagnation/ Deficiency/ BI syndrome/ Western Diagnosis: L KNEE PAIN Treatment Principle: Move Qi/ Tonify Qi/Blood / Disperse stagnation/ Treatment Goals: Alleviate Pain/ Improve functional capacities/ Reduce Treatment: Acupuncture: Set 1: LI11(E), LI4(E), LV3 2: L)BL57(E), BL58(E), B0BL40, BL60	Vhite/ Yello Damp accum Drain Dan tenderness a # Needles 6 6 5	mpness/and tightne YES YES	Other: Other: ess CPT Code 97813 97814	Time 15 15 15
State: Greasy/ ✓Wet/ Dry Coat: Thick/ Thin/ VEastern Diagnosis: ✓Qi ✓Blood stagnation/ Deficiency/ ✓BI syndrome/ Western Diagnosis: L KNEE PAIN Treatment Principle: ✓Move Qi/ ✓Tonify Qi/Blood / ✓Disperse stagnation/ Treatment Goals: ✓Alleviate Pain/ ✓Improve functional capacities/ ✓Reduce Treatment: Acupuncture: Set 1: LI11(E), LI4(E), LV3 2: L)BL57(E), BL58(E), B0BL40, BL60 3: L)ST34(E), SP10(E),, GB34, ST36, LV8 ✓ 97810/97813: Initial 15-minute insertion of needles and personal one-on-one contact with the patient ✓ 97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient	Vhite/ Yello Damp accum Drain Dan tenderness a # Needles 6 6 5	mpness/and tightne YES YES	Other:ess CPT Code 97813 97814 97814	Time 15 15 15
State: Greasy/ Wet/ Dry Coat: Thick/ Thin/ VEastern Diagnosis: Qi Blood stagnation/ Deficiency/ Bl syndrome/ Western Diagnosis: KNEE PAIN Treatment Principle: Move Qi/ Tonify Qi/Blood / Disperse stagnation/ Treatment Goals: Alleviate Pain/ Improve functional capacities/ Reduce Treatment: Acupuncture: Set 1: L111(E), L14(E), LV3 2: L)BL57(E), BL58(E), B0BL40, BL60 3: L)ST34(E), SP10(E),, GB34, ST36, LV8 P97810/97813: Initial 15-minute insertion of needles and personal one-on-one contact with the patient P97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient P179811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient P1898 InfraRed (97026) Cupping (97139) TuiNa (97140) Response to treatment: Improved in Pain (Mild/Moderate/Significant) Improved in Com Improved in Strength Improved in Mobility Improved in ADL Treatment Plan: Continue Treatment: 3 times per week	White/ Yello Damp accum Drain Dan tenderness a # Needles 6 6 5	mpness/and tightne YES YES	Other:ess CPT Code 97813 97814 97814	Time 15 15 15
State: Greasy/ Wet/ Dry Coat: Thick/ Thin/ VEastern Diagnosis: ✓ Qi ✓ Blood stagnation/ Deficiency/ ✓ Bl syndrome/ Western Diagnosis: L KNEE PAIN Treatment Principle: ✓ Move Qi/ ✓ Tonify Qi/Blood/ ✓ Disperse stagnation/ Treatment Goals: ✓ Alleviate Pain/ ✓ Improve functional capacities/ ✓ Reduce Treatment: Acupuncture: Set 1: LI11(E), LI4(E), LV3 2: L)BL57(E), BL58(E), B0BL40, BL60 3: L)ST34(E), SP10(E),, GB34, ST36, LV8 ✓ 97810/97813: Initial 15-minute insertion of needles and personal one-on-one contact with the patient ✓ 97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient ✓ 97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient ✓ 97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient ✓ 97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient ✓ 97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient ✓ 97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient ✓ 97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient ✓ 97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient ✓ 97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient ✓ 97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient ✓ 97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient ✓ 97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient ✓ 97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient ✓ 97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-o	White/ Yello Damp accum Drain Dan tenderness a # Needles 6 6 5	mpness/and tightne YES YES	Other:ess CPT Code 97813 97814 97814	Time 15 15 15



ACCELERATED INC.-WORKERS COMP 33 E BLACKWELL ST,

HEALTH INSURANCE CLAIM FORM DOVER, NJ 07801-3976 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICA																		PICA
I. WILDIOA	RE	MEDIC	AID	TRI	CARE		CHAMPVA	١.	GROUP	PLAN FEC	OTHER	1a. INSURED'S	I.D. N	JMBER	***************************************		(For Program in	tem 1)
(Medicare	e#)	(Medica	id#)	(ID#	#/DoD#)		(Member ID	#)	(ID#)	(ID#)	X (ID#)	9 IWC086802					se e n	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PA	TENT'S E	IRTH DATE	SEX	4. INSURED'S N	NAME	Last Nam	e, First	Name,	Middle Initial)				
SCOTT,	, DE	JON						3. PATIENT'S BIRTH DATE SEX 10 08 1992 MX F			SCOTT, DEJON							
5. PATIENT'S	SADDRE	SS (No.	Street)					6. PATIENT RELATIONSHIP TO INSURED			7. INSURED'S ADDRESS (No., Street)							
35 GRC	OVE	PLAC	Έ					Se	M X Sp	ouse Child	Other	35 GROVE PLACE						
CITY			***************************************	***************************************		***************************************	STATE	8. RE	SERVED	FOR NUCC USE		CITY STATE						
EAST C	DRAN	GE,	US				NJ					EAST ORANGE, US						IJ
ZIP CODE			TEI	LEPHO	NE (Inclu	ide Area	Code)					ZIP CODE				PHON	E (Include Area Co	je)
07017			(,) –							07017			() -	9
9. OTHER IN	SURED'	S NAME	(Last N	ame, Fir	rst Name	, Middle	Initial)	10. IS	PATIENT	'S CONDITION RE	ELATED TO:	11. INSURED'S	POLIC	Y GROU	ORF	ECA NU	JMBER	
a. OTHER IN	SURED'	S POLIC	Y OR G	ROUP	NUMBER	}		a. EM	PLOYMEN	NT? (Current or Pr	evious)	a. INSURED'S I	DATE	OF BIRTH			SEX	
					X YES NO			10 08 1992 MX F					П					
b. RESERVE	DFOR	NUCC US	βE					b. AU	TO ACCIE		PLACE (State)	b. OTHER CLAI						
									Г	YES X			Marillon Ma	•	70.50 M			
c. RESERVE	D FOR N	UCC US	E					c. OT	HER ACC			c. INSURANCE	PLAN	NAME OF	PROG	RAM	IAME	
									Г	YES X	NO						RKERS CO	MP
d. INSURANC	CE PLAN	NAME (OR PRO	GRAM	NAME			10d. C	CLAIM CO	DES (Designated I		d. IS THERE AN						
												YES	X				te items 9, 9a, and	ad.
		REA	D BAC	K OF F	ORM BE	FORE C	OMPLETING	& SIG	NING THE	S FORM.			-				SIGNATURE I auth	
12. PATIENT to process	S OR AL	n. l also i	ED PER	R'NOS'S	SIGNAT	TURE 1 a	authorize the re	elease	of any med	dical or other inform party who accepts	nation necessary		nedical	benefits t			ned physician or su	
below.			uquus, ,	aug/morn	t or gover	THINGIN D	oriento citror to	J myse	ii di to tile	party wito accepts	assigninan	Services des	CHORD	below.				
SIGNED	Sigr	atu	re o	on I	File	<u> </u>			DATE	12/17/2	4	SIGNED	Sia	natu	re	on	File	
14. DATE OF	CURRE	NT ILLN	ESS. IN	JURY.	or PREG	NANCY	(LMP) 15.C	THEE	DATE				-	war and the same	NAME OF TAXABLE PARTY.			TION
01 31	770		QUAL				QUA		1	MM DD	YY	FROM	DE.	Y	Y WOI	TO	URRENT OCCUPA	YY
17. NAME OF						OURCE	178.	r' 1	emiline.	-			ATION	DATES	RELATE		CURRENT SERVICE	ES
								NPI				FROM	DE) Y	Y	то	MM DD	YY
19. ADDITION	NAL CLA	IM INFO	RMATIC	ON (Des	signated i	by NUC(20. OUTSIDE LA	AB?				HARGES	
												YES	X	NO			1	
21. DIAGNOS	SIS OR N	IATURE	OF ILLN	VESS O	R INJUR	Y Relat	e A-L to service	ce line	below (24)	Ē)		22. RESUBMISS						
A. M255										ico iiu.) {	CODE			ORIG	NAL FI	EF. NO.	
E. L	002	_	В. F.							J. L		23. PRIOR AUT	HORIZ	ATION N	JMBER			
E. L			55	-22		-	G. L K. I			н. Ц								
	ATE(S)	F SERV	J.		7	-	N.			L. L.								
From MM DD	1		ICE		B.	C.		JURES	SERVIC	ES. OR SUPPLIES	S] F.	F.		G	H.	1	J	
THIN DD		AARA	To	vv	PLACE OF		D. PROCED (Explain	n Unus	sual Circun		DIAGNOSIS	F.		G. DAYS OR	H. EPSOT Farrily	I. ID.	J. RENDEI	
6.00	YY	MM		YY			D. PROCED	n Unus				F. \$ CHARGES	S	G. DAYS OR UNITS	Family	I. ID. QUAL.		
03 20	,	1	To DD		PLACE OF SERVICE		D. PROCED (Explair CPT/HCPC	n Unus S j		nstances)	DIAGNOSIS POINTER	\$ CHARGES		UNITS	Family	QUAL.	RENDEI PROVIDE	R ID. #
03 20	,	мм 03	To DD	24	PLACE OF		D. PROCED (Explain	n Unus S j		nstances)	DIAGNOSIS			UNITS	Family		RENDE	R ID. #
	24	03	To DD 20	24	PLACE OF SERVICE 11		D. PROCED (Explair CPT/HCPC	n Unus		nstances)	DIAGNOSIS POINTER	\$ CHARGES	00	OR UNITS	Family	NPI	RENDEF PROVIDE	373
03 20	24	03	To DD 20	24	PLACE OF SERVICE 11		D. PROCED (Explair CPT/HCPC	n Unus		nstances)	DIAGNOSIS POINTER	\$ CHARGES	00	OR UNITS	Family	NPI	RENDEI PROVIDE	373
03 20	24	03	20 20	24	PLACE OF SERVICE 11 11		D. PROCED (Explair CPT/HCPC) 97814	n Unus	sual Circun	nstances)	DIAGNOSIS POINTER A	\$ CHARGES 400	00	2 1	Family	NPI NPI	RENDEI PROVIDE 11045513 11045513	373 373
	24	03	20 20	24	PLACE OF SERVICE 11 11		D. PROCED (Explair CPT/HCPC	n Unus		nstances)	DIAGNOSIS POINTER	\$ CHARGES	00	2 1	Family	NPI	RENDEF PROVIDE	373 373
03 20	24	03	20 20	24	PLACE OF SERVICE 11 11		D. PROCED (Explair CPT/HCPC) 97814 97813	n Unus	59	nstances)	DIAGNOSIS POINTER A A	\$ CHARGES 400 225	00	2 1	Family	NPI NPI NPI	RENDEI PROVIDE 11045513 11045513	373 373 373
03 20	24	03	20 20	24	PLACE OF SERVICE 11 11		D. PROCED (Explair CPT/HCPC) 97814	n Unus	sual Circun	nstances)	DIAGNOSIS POINTER A	\$ CHARGES 400	00	2 1	Family	NPI NPI	RENDEI PROVIDE 11045513 11045513	373 373 373
03 20	24	03	20 20	24	PLACE OF SERVICE 11 11		D. PROCED (Explair CPT/HCPC) 97814 97813	n Unus	59	nstances)	DIAGNOSIS POINTER A A	\$ CHARGES 400 225	00	2 1	Family	NPI NPI NPI NPI	RENDEI PROVIDE 11045513 11045513	373 373 373
03 20	24	03	20 20	24	PLACE OF SERVICE 11 11		D. PROCED (Explair CPT/HCPC) 97814 97813	n Unus	59	nstances)	DIAGNOSIS POINTER A A	\$ CHARGES 400 225	00	2 1	Family	NPI NPI NPI	RENDEI PROVIDE 11045513 11045513	373 373 373
03 20	24	03	20 20	24	PLACE OF SERVICE 11 11		D. PROCED (Explair CPT/HCPC) 97814 97813	n Unus	59	nstances)	DIAGNOSIS POINTER A A	\$ CHARGES 400 225	00	2 1	Family	NPI NPI NPI NPI	RENDEI PROVIDE 11045513 11045513	373 373 373
03 20	24 24 24 24	03	20 20 20 20	24 24 24	PLACE OF SERVICE 11 11	EMG	D. PROCED (Explair CPT/HCPC) 97814 97813 97140	n Unus	59	nstances) MODIFIER	DIAGNOSIS POINTER A A A	\$ CHARGE: 400 225 150 109	00	2 1 1	EPSOTI Farrity Pien	NPI NPI NPI NPI	RENDEI PROVIDE 11045513 11045513 11045513	373 373 373 373
03 20 03 20 03 20 25. FEDERAL	24 24 24 24	03	20 20 20 20	24 24 24	PLACE OF SERVICE 11 11 11 11 N EIN	EMG	D. PROCED (Explair CPT/HCPC) 97814 97813 97140 97026	n Unusco	59 ST NO.	nstances) MODIFIER 27. ACCEPT For good cir.	A ASSIGNMENT?	\$ CHARGES 400 225 150 109	00 00 00	2 1 1 1 29	EPSOTI Farrily Pien	NPI NPI NPI NPI NPI NPI NPI	RENDEI PROVIDE 11045513 11045513 11045513	373 373 373
03 20 03 20	24 24 24 24 24	03 03 03 03	20 20 20 20	24 24 24 24	PLACE OF SERVICE 11 11 11 11 X EIN X	26. F	D. PROCED (Explair CPT/HCPC) 97814 97813 97140 97026	n Unus properties of the control of	59 59 NT NO.	nstances) MODIFIER 27. ACCEPT (For govt. ci. X YES	A ASSIGNMENT?	\$ CHARGES 400 225 150 109 28. TOTAL CHA	00 00 00 00	2 1 1 1 1 29 00 \$	EPSOTI Plan Plan AMOU	OUAL. NPI NPI NPI NPI NPI NPI NPI O	11045513 11045513 11045513 11045513	373 373 373 373
03 20 03 20 03 20 25. FEDERAL 824913 31. SIGNATU INCLUDIN	24 24 24 24 24 10 10 10 10 10 10 10 10 10 10 10 10 10	03 03 03 03 03	20 20 20 20 20	24 24 24 SSN SUPPLIII	PLACE OF SERVICE 11 11 11 11 X EIN X EIN S ER SS	26. F 17	D. PROCED (Explair CPT/HCPC) 97814 97813 97140 97026	n Unuscipi	59 NT NO. 010 LOCATION	nstances) MODIFIER 27. ACCEPT X YES N INFORMATION	A ASSIGNMENT?	\$ CHARGES 400 225 150 109 28. TOTAL CHA \$ 83 33. BILLING PRISPORTSMI	00 00 00 00	22 1 1 1 29 00 \$ BINFO & PT, L	AMOU PH #	NPI NPI NPI NPI NPI NPI NPI (20	RENDEI PROVIDE 11045513 11045513 11045513 11045513 00 30. Rsvd M 00 01 345-61	373 373 373 373
03 20 03 20 03 20 25. FEDERAL 824913 31. SIGNATU INCLUDIN (I certify it apply to th	24 24 24 24 24 25 3997 RE OF Find De Glinis bill an	03 03 03 03 03 03 03 03 03 03 03 03 03 0	20 20 20 20 20 20 20 20 20 20 20 20 20 2	24 24 24 24 SSN SUPPLII FOR THE PROPERTY OF TH	PLACE OF SERVICE 11 11 11 11 X EIN X ER S	26. F 17 32. S SP0 122	D. PROCED (Explair CPT/HCPC) 97814 97813 97140 97026 105732 SERVICE FAC ORTSMEL 25 STUY	n Unus SS I I I I I I I I I	59 TO NO. TO 10 LOCATION L. LL SANT	27. ACCEPT (For govt.ch. X YES N INFORMATION C AVENUE	A ASSIGNMENT?	\$ CHARGES 400 225 150 109 28. TOTAL CHA \$ 88 33. BILLING PRI SPORTSMI 266 HARI	00 00 00 00 00	22 1 1 1 1 29 00 \$ RINFO & PT , L. FOWN	AMOU PH # LC ROA	NPI NPI NPI NPI NPI O (20	RENDEI PROVIDE 11045513 11045513 11045513 11045513 100 30. Rsvd fr.	373 373 373 373
03 20 03 20 03 20 25. FEDERAL 824 91 3 31. SIGNATU INCLUDIN (I certify it apply to it Signatu	24 24 24 24 24 24 3997 RE OF Find Degriations bill and in its bill and in the straight of the	03 03 03 03 03 03 03 03 03 03 03 03 03 0	20 20 20 20 20 20 20 20 20 20 20 20 20 2	24 24 24 24 SSN SSUPPLII FENTIAL reverse art thereo	PLACE OF SERVICE 11 11 11 11 X EIN X ER S	26. F 17 32. S SP0 122	D. PROCED (Explair CPT/HCPC) 97814 97813 97140 97026 PATIENT'S AC 10573Z SERVICE FAC ORTSMED	n Unus SS I I I I I I I I I	59 TO NO. TO 10 LOCATION L. LL SANT	27. ACCEPT (For govt.ch. X YES N INFORMATION C AVENUE	A ASSIGNMENT?	\$ CHARGES 400 225 150 109 28. TOTAL CHA \$ 83 33. BILLING PRISPORTSMI	00 00 00 00 00	22 1 1 1 1 29 00 \$ RINFO & PT , L. FOWN	AMOU PH # LC ROA	NPI NPI NPI NPI NPI O (20	RENDEI PROVIDE 11045513 11045513 11045513 11045513 100 30. Rsvd fr.	373 373 373 373
03 20 03 20 03 20 25. FEDERAL 824913 31. SIGNATU INCLUDIN (I certify it apply to th	24 24 24 24 24 24 24 25 3997 RE OF Find Degration billing bill	03 03 03 03 03 03 03 03 03 03 03 03 03 0	20 20 20 20 20 Land Recomplete Re	24 24 24 24 SSN SSUPPLII FENTIAL reverse art thereo	PLACE OF SERVICE 11 11 11 11 X EIN X ER S Of.)	26. F 17 32. S SP(122 UN 2	D. PROCED (Explair CPT/HCPC) 97814 97813 97140 97026 105732 SERVICE FAC ORTSMEL 25 STUY	CCCOUNTY CCCOUNTY CCCOUNTY CCCCOUNTY CCCCCOUNTY CCCCOUNTY CCCCOUNTY CCCCCOUNTY CCCCOUNTY CCCCOUNTY C	59 TO NO. TO LOCATION TO LLCATION TO LART TO RANT TO RANT	27. ACCEPT (For govt.ch. X YES N INFORMATION C AVENUE	A ASSIGNMENT?	\$ CHARGES 400 225 150 109 28. TOTAL CHA \$ 88 33. BILLING PRI SPORTSMI 266 HARI	00 00 00 00 00 00	22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AMOU PH # LC ROA	NPI NPI NPI NPI NPI O (20	RENDEI PROVIDE 11045513 11045513 11045513 11045513 100 30. Rsvd fr.	373 373 373 373



SPORTSMEDPT, LLC

Patient Name: SCOTT, DEJON	Da	ate: 03	/20/2024	
Complaint(s) of (Pain level 1-10): Headaches () Shoulder L R (TMJ L R () Arm L R (Neck L R () Elbow L R (Thoracic L R () Wrist L R (Lumbar L R () Hand L R (Chest L R () Pain described as: Constant / Frequent / Intermittent / Occasional; Sharp/ Sore / Cramp / Ache / Dull / Stiff / Burning / Numb / Tingling / The Non-radiating / Radiating to: Shoulder Arm Elbow)))) robbing/ Sp: 	asm/_Pul	Hip L R Thigh L R Knee	() () (Shooting;
Additional Comments: None	3			
Examination: Palpation Revealed:				
- Tenderness/Tightness in: Cervical - / Thoracic - along UB/ GB/ SJ/ SI - Tenderness/Tightness in: Shoulder - / Arm - / along LI/ SJ/ SI channe Severe Tenderness/Tightness in: Hip - / Thigh - / ✓ Is along ✓ SP/ ✓ ST/ ✓ GB/ ✓ LV Swelling noted in: None Tongue: Color: Pale/ Red/ Pink/ Purple Shape: Scalloped/ Ce State: Greasy/ Wet/ Dry Coat: Thick/ Thin/ W Eastern Diagnosis: ✓ Gi ✓ Blood stagnation/ Deficiency/ ✓ BI syndrome/ Western Diagnosis: L KNEE PAIN Treatment Principle: ✓ Move Qi/ ✓ Tonify Qi/Blood/ ✓ Disperse stagnation/ Treatment Goals: ✓ Alleviate Pain/ Improve functional capacities/ ✓ Reduce	channels / Elbow- Is Knee L / / / WUB/ KI enter Crack/ Yello Damp accum Drain Dan tenderness a	Ankle Channe Cha	Wrist - / Foot Is al Cracks/ Red Other: Other: ess	Hand -
Treatment: Acupuncture: Set	# Needles	E Stim	CPT Code	Time
1: LI11(E), LI4(E), LV3	6	YES	97813	15
2: L)BL57(E), BL58(E), B0BL40, BL60	6	YES	97814	15
3: L)ST34(E), SP10(E),, GB34, ST36, LV8	5	YES	97814	15
 ✓ 97810/97813: Initial 15-minute insertion of needles and personal one-on-one contact with the patient ✓ 97811/97814: Additional 15 minutes re-insertion of needles and personal one-on-one contact with the patient Others: ✓ InfraRed (97026) ☐ Cupping (97139) ✓ TuiNa (97140) 	ent	Are	a of Treatmen	t:
Response to treatment: Improved in Pain (Mild/Moderate/Significant) Improved in Strength Improved in Mobility Treatment Plan: Continue Treatment: None Acupuncturist's Signature:		Fro	Tool Tool	ck
			i de	wh.