

## Subluxation

Visit Date: 11/14/2024

Patient Name: [REDACTED]

Account:

Date of birth:

Employer:

## Superbill

Service: 11/14/2024 Mod: 10000000

Payer Information:

Insurance Phone:

Insured ID:

Insurance Policy Group:

Insurance Plan Name:

ICD-10 Codes: M54.13 (Number subluxation, (M54.00) Low back pain, unspecified, (M54.05) M54.06 pelvic subluxation, (M54.10) Myopathy, (M54.11) Myopathy, (M54.12) Myopathy, (M54.13) Number subluxation, (M54.0) M54.1 Pain in Thoracic, (M54.01) M54.0 Central subluxation, (M54.2)

Date	Type	Code	Mod	Units	Description	Date of injury	POS	Tax	Amount
11/14/2024	CPT	99213	AT	1	99213 Re-exam w/vis	11/14/2024	11	0.00	\$180.00
11/14/2024	CPT	98941	AT	1	98941 Manipulation 3-4 Regions 98941	11/14/2024	11	0.00	\$2.00
11/14/2024	CPT	98941	AT	1	98941 Manipulation 3-4 Regions 98941	11/14/2024	11	0.00	\$2.00

### Provider Information

Name:

Licence:

Tax ID:

NPI:

Total Charges

Total Taxes

Total

\$180.00

\$0.00

\$180.00