



**Denise Alberto**  
**Physical Therapy, Inc.**

3425 S. Bascom Ave., Ste. F  
 Campbell, CA 95008  
**Tel:** (408) 307-0901  
**Fax:** (408) 384-5108  
 www.denisealberto.com  
 denisealbertopt@me.com

## Private Practice Physical Therapy Reimbursement/Billing Form

**PLEASE PAY TO:**

Patient's Name: \_\_\_\_\_

Date of service: \_\_\_\_\_

Address: \_\_\_\_\_

Place of service: PRIVATE Physical Therapy Office (see address)

Phone #: (\_\_\_\_) \_\_\_\_\_

Birth date: \_\_\_\_\_

**Submit to:**

Insurance Co: \_\_\_\_\_

Group #: \_\_\_\_\_

Member #: \_\_\_\_\_

Subscriber's name: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Address: \_\_\_\_\_

ICD-10 Codes: \_\_\_\_\_

### Outpatient Physical Therapy Charges

Treatment	Time	CPT Code	Charges	Total Units	Total Charge
Evaluation	30 minutes	97162-GP	\$ 160.00		
Reevaluation	30 minutes	97164-GP	\$ 140.00		
Perineal Biofeedback	30 minutes	90911-GP	\$ 120.00		
Kinetic /Therapeutic Activity	15 minutes	97530-GP	\$ 60.00		
Therapeutic Exercise	15 minutes	97110-GP	\$ 60.00		
Neuromuscular Re-Education	15 minutes	97112-GP	\$ 60.00		
Manual Therapy	15 minutes	97140-GP	\$ 60.00		
Electrical Stimulation - Unattended	15 minutes	97014-GP	\$ 60.00		
Electrical Stimulation - Attended	15 minutes	97032-GP	\$ 60.00		
Self-Care/Home Management Training	15 minutes	97535-GP	\$ 60.00		
-59 Modifier					
Cancellation Fee			\$ 80.00		
<b>TOTAL CHARGE</b>					

Check # \_\_\_\_\_ Cash \_\_\_\_\_ MC/VISA \_\_\_\_\_

**PAID IN FULL** PAYMENT \$ \_\_\_\_\_

Payment made to **Denise Alberto Physical Therapy, Inc.**

BALANCE DUE \$ \_\_\_\_\_ 0.00

**Alexandra Blefari DPT 300650; Tax ID # 87-0794375; NPI # 1710655444**

**Denise M. Alberto, P.T. 22322; Tax ID # 87-0794375; NPI # 1891993556**

**Please reimburse the patient for the above services. Thank you.**