

Therapist Name: Jane Doe  
 Address: 9476 Disneyland Dr.  
 City, State, Zip: Los Angeles, CA 90023  
 Telephone: 323-486-5798  
 Fax: 323-486-5799  
 Email: janedoe123@gmail.com



## Billing Statement©

Invoice Number: 23  
 Invoice Date: 12/5/2014  
 Bill To: Center for Physical Therapy Services, Inc.

Eval Rate: 40 Tx Rate: 40

Patient Name/Agency Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Eval's	Tx's
1 JOHN SMITH		E																					D									1	1
2 MARIO LOPEZ	E			T <sub>3/4</sub>				T <sub>3/4</sub>		T <sub>4/4</sub>		T <sub>5/4</sub>		T <sub>4/4</sub>								D										1	6
3 LUIGI SALAZAR	E		T <sub>3/5</sub>					T <sub>3/5</sub>		C					T <sub>4/5</sub>						D											1	4
4 MYRA JACKSON			T <sub>3/4</sub>		T <sub>4/4</sub>			T <sub>5/4</sub>		T <sub>4/4</sub>					D																		5
5																																	
6																																	
7																																	
8																																	
9																																	
10																																	

E = Evaluation  
 T = Treatment  
 D = Discharge  
 C = Communication  
 D = Discharge without Visit  
 R = Re-Evaluation (30 Days or 13th Visit or 19th Visit)

Total Eval's: 3 X Eval Rate: 120  
 Total Tx's: 16 X Tx Rate: 640  
 Total Due: 760

Center for Physical Therapy Services, Inc. reserves the right to deduct from ones invoice based on: (1) Notes that are late greater than 7 Calendar Days; (2) Incomplete Notes; (3) Notes that do not comply with the therapy frequency; (4) Notes that are returned to our office from the respective home health agencies. Ensure that you have all of your credentials up to date, otherwise payments may be delayed.