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| Date |
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EIN #: 272303157
 NPI #: 1023323920
 LIC #: ACA 200029

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|----------------------------|---|--------|---|
| Patient Information | | | |
| Name: | <input type="checkbox"/> Male <input type="checkbox"/> Female | DOB: | SSN : |
| Address: | | Phone: | <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell |

Chief complaint:

ICD code:

CPT code

Initial evaluation : 99203 (\$40.00)

Myofacial release: 97140 (\$20.00)

Acupuncture, initial 15 min : 97810 (\$30.00)

Acupuncture, additional 15 min : 97811 (\$25.00)

| | DATE | DESCRIPTION | CHARGE | PAYMENT | BALANCE |
|--------------|------------|---|--------|---------|---------|
| 1 | 01/01/2021 | Initial evaluation with acupuncture treatment (30min) | 95.00 | 95.00 | 0.00 |
| | | CPT code: 99203, 97810, 97811 | | | |
| 2 | 01/02/2021 | Acupuncture treatment (30min) with myofascial release | 75.00 | 75.00 | 0.00 |
| | | CPT code: 97810, 97811, 97140 | | | |
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| TOTAL | | | 170.00 | 170.00 | 0.00 |

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| Provider's Statement | |
| I certify that I have personally rendered the above services and that the charges shown represent my usual charges. | |
| Provider: Quang (Chris) Tran L.Ac (Louisiana Lic. # ACA200029 National Lic # 123083) | |
| Signature _____ | Date: _____ |