



YAO Clinic
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EIN #: 84-1573453
 NPI #: 1366605982
 LIC #: CO-465

Rev: 20070905-1

Date of service

Patient information		Insurance information	
Name:		Subscriber name:	
Address:		Insurance company (primary):	
DOB:	Age:	Subscriber ID:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Phone:	Group #:	Copay:

Provider's Statement

This form has been prepared to assist you in the completion of your insurance claim form and contains all the information that the practitioner is required to provide. Fill out the personal information requested on your insurance company claim form, and include this statement with the claim form. Each patient, not the insurance company, is responsible for payment to this office.

I certify that I have personally rendered the services indicated below and that the undiscounted fees shown represent my usual charges.

Office visit	New	Est	Fee	Acupuncture procedures	Fee	Units	Miscellaneous procedures	Fee	Units
Minimal		99211		Acupuncture, 1st 15 min.	97810		Strapping, shoulder	29240	
Problem focused, 10 min.	99201	99212		Acupuncture, add'l 15 min.	97811		Strapping, elbow/wrist	29260	
Expanded problem focused, 20 min	99202	99213		Electroacupuncture, 1st 15 min.	97813		Strapping, hand/finger	29280	
Detailed, 30 min.	99203	99214		Electroacupuncture, add'l 15 min.	97814		Splint application, finger	29130	
Comprehensive, 45 min.	99204	99215		(WC) Acupuncture	97800		Strapping, knee	29530	
Comprehensive (new pt), 60 min.	99205			(WC) Electroacupuncture	97801		Strapping, ankle/foot	29540	
Significant, separate service	-25	-25		(WC) Cupping	97802		Supplies (HCPCS)		
Consultation				(WC) Moxibustion	97803		Electrodes (per pair)	A4556	
Problem focused, 15 min.		99241		Therapeutic procedures			Conductive paste or gel	A4558	
Expanded problem focused, 30 min.		99242		Therapeutic exercises, 15 min.	97110		Vitamin/mineral supplement, single	A9152	
Detailed, 40 min.		99243		Neuromuscular re-ed, 15 min	97112		Vitamin/mineral supplement, multi	A9153	
Comprehensive, moderate, 60 min.		99244		Gait training, 15 min.	97116		Splint	A4570	
Comprehensive, complex, 80 min.		99245		Massage procedure, 15 min.	97124		Tape, 18 sq. inches	A4450	
Other Services				Manual thrp/Myofasc. rs., 15 min.	97140		Compression tape, elastic, <3"	A6448	
After posted hours		99050		Unlisted therapeutic proc. (specify)	97139		Compression tape, elastic, 3-5"	A6449	
Evening/weekend/holiday appointment		99051		Physical modalities			Exercise equipment	A9300	
Home care services		99056		Hot/Cold packs	97010		Durable medical equipment (HCPCS)		
Special reports/forms		99080		E-stim, unattended (non-acupunct.)	97014		Heat, moist	E0238	
Diagnosis				E-stim, manual (non-acupunct.)	97032		Ice pack	E0230	
1				Vasopneumatic devices	97016		Hot water bottle	E0220	
2				Paraffin bath	97018		DME, miscellaneous	E1399	
3				Infrared therapy	97026		Orthotic supplies (HCPCS)		
4				Contrast baths, 15 min	97034		Cervical pillow	E0943	
				Unlisted modality (specify type/time)	97039		Lumbar support	L0625	

Next office visit	Other procedures
Return in <u> </u> D W M Y	
Instructions:	

Referral	Billing information
To:	Previous balance:
Instructions:	Charges subtotal:
	Discount:
	Today's charges:
	Today's payment
	Cash:
	Check:
	Credit card:
	Balance due:

Provider's signature	Date of Injury:
X _____	Date First Consulted:
	Condition Caused by:
	<input type="checkbox"/> Injury
	<input type="checkbox"/> Illness
	<input type="checkbox"/> MVA
	<input type="checkbox"/> Work
	<input type="checkbox"/> Other