Sensory Solutions
Occupational Therapy for Children

Outpatient Occupational Therapy Reimbursement/Billing Form

PLEASE PAY TO:
Patient Name: _____
Address:_____
_____
Phone #: (_____)_____

Date of Service: _____
Place of service: Outpatient OT Office (see address)
Birth Date: _____

Submit to:
Insurance Co: _____
Member # _____
Subscriber's Name _____

Group #: _____
Claim #: _____

Referring Physician: _____
Address: _____

ICD-10 Codes: _____ **Date of Onset:** _____

Outpatient Occupational Therapy Charges

Treatment	Time	CPT Code	Charges	Total Units	Total
Evaluation	60 minutes	97750	$		
Therapeutic Exercise	15 minutes	97110	$		
Neuromuscular Exercise	15 minutes	97112	$		
Functional Activities	15 minutes	97530	$		
Self-Care/Home Management Training	15 minutes	97535	$		
School/Home Visit	1 hour	99358	$		
School/Home Visit	15 minutes	99359	$		
Consultation/Parent Meeting	15 minutes	96155	$		
Documentation	15 minutes		$		
Cancellation Fee			$75.00		
TOTAL CHARGE					

Check #: _____ Cash_____

PAYMENT $ _____

Payment made to: Sensory Solutions, LLC Inc.

BALANCE DUE $ _____

_____
Teri Jetter, MS, OTR/L; Sensory Solutions, LLC; Tax ID #20-4028947
Please reimburse the patient for the above services. Thank you.

322 Los Gatos- Saratoga Rd . Los Gatos, CA 95030. Clinic/Fax: (408) 647-2084. Direct: (408) 891-3119