**Colleen Burke, L.Ac.**

**NPI# 1194878322**

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|  | colleen@smiweb.org |
|  |  |  |
|  |  | **SUPER BILL** |  |
| PATIENT INFORMATION |  |  |  |
|  |  |  |
|  |  |  |
| Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M\_\_\_\_\_ F\_\_\_\_\_ | | | |

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt/Ste #: \_\_\_\_\_\_\_\_\_\_\_

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| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_ | | |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| DIAGNOSIS (check all that apply) | | |  |  |  |  |  |  |
| \_\_\_\_\_ 307.40 | | Insomnia | \_\_\_\_\_ 473.9 Sunusitis, chronic | | | \_\_\_\_\_ 723.1 | Neck Pain | |
| \_\_\_\_\_ 307.81 | | Tension Headache | \_\_\_\_\_ 789.0 Abdominal Pain | | | \_\_\_\_\_ 719.41 | | Shoulder Joint Pain |
| \_\_\_\_\_ 401.0 Hypertension | | | \_\_\_\_\_ 535.50 Gastritis | |  | \_\_\_\_\_ 726.32 | | Lateral Epicondylitis |
| \_\_\_\_\_ 780.4 Dizziness/Vertigo | | | \_\_\_\_\_ 787.1 | Heartburn |  | \_\_\_\_\_ 724.2 | Lumbago | |
| \_\_\_\_\_ 493.90 | | Asthma | \_\_\_\_\_ 726.60 Iliotibial Band Syndrome | | | \_\_\_\_\_ 724.3 | Sciatica | |
| \_\_\_\_\_ 466.0 | Bronchitis | | \_\_\_\_\_ 728.9 | Gastrocnemius/Soleus Strain | | \_\_\_\_\_ 728.83 | | Hamstring Pain |
| \_\_\_\_\_ 477.9 | Rhinitis, allergic | | \_\_\_\_\_ 728.71 Plantar Fascitis | | | \_\_\_\_\_ 719.46 | | Knee Joint Pain |
| \_\_\_\_\_ 472.0 | Rhinitis, chronic | | \_\_\_\_\_ 729.1 | Myalgia |  | \_\_\_\_\_ Other ICD-9: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| \_\_\_\_\_ 461.9 | Sinusitis, acute | | \_\_\_\_\_ 728.9 | Muscle Strain |  | Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |



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| **Service Rendered on Location** | **Outpatient Service** | | |  |
| PROCEDURES | CPT | UNIT | FEE |  |
| Initial Consultation | 99201 | \_\_\_\_\_ | \_\_\_\_\_ |  |
| Review Consultation | 99211 | \_\_\_\_\_ | \_\_\_\_\_ |  |
| Acupuncture without Electrical Stimulation | 97810 | \_\_\_\_\_ | \_\_\_\_\_ |  |
| -Initial 15 minutes |  |  |  |  |
| Acupuncture without Electrical Stimulation | 97811 | \_\_\_\_\_ | \_\_\_\_\_ |  |
| -Additional 15 minutes |  |  |  |  |
| Acupuncture with Electrical Stimulation | 97813 | \_\_\_\_\_ | \_\_\_\_\_ |  |
| -Initial 15 minutes |  |  |  |  |
| Acupuncture with Electrical Stimulation | 97814 | \_\_\_\_\_ | \_\_\_\_\_ |  |
| -Additional 15 minutes |  |  |  |  |
| Date of Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | TOTAL BILL | \_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |
| Signature of Colleen Burke, L.Ac. | NPI# 1194878322 |  |  |  |