**Colleen Burke, L.Ac.**

**NPI# 1194878322**

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| Palo Alto, CA 94306 |  | Fax: (650) 325-6980 |
|  | 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 |  |  |  |