

Range Physical Therapy — Visit Bill

INVOICE #: _____

Range Physical Therapy LLC
 Location: [POS CODE 12](#) - Mobile - Private Residence
 94 Hopewell Rd.
 South Glastonbury, CT, 06073
 Phone: 860-810-6369
 Email: John@getRangePT.com
 EIN (Tax ID): 93-1649028

Date: _____

To: Name: _____
 Patient Phone: _____
 Patient Email: _____

Reason for Visit: (e.g., PT Assessment)
 Was treatment needed as a result of a work-related injury or auto accident? Yes No

ICD-10 Code(s): _____		
Description	Procedure/CPT Code(s)	Amount
PT Evaluation: _____ Complexity	CPT Code: 9716____	
Manual Therapy	CPT Code: 97140	
Therapeutic Exercise	CPT Code: 97110	
Neruomuscular Re-Education	CPT Code: 97112	
Subtotal:		\$ 150.00
Paid Total:		\$ 150.00

Provider: John Sebastian Galer DPT, OCS, CSCS
 License: 011509
 NPI #: 1225553951

Provider Signature: _____

Please make all checks payable to: Range Physical Therapy LLC
 If you have any questions concerning this invoice, please contact: John Sebastian Galer
 Email: John@getRangePT.com
 Phone: 860-810-6369

Thank you for your business!

The patient has paid in full and all reimbursement goes to the patient