

Agape Healing Arts Health and Wellness Center
 222 S US Highway 1, Ste 1 Jupiter, FL 33469 561-762-4273
 TAX ID: 463966889 / Dr. Keith Cini, DP / NPI: 1902435621

Patient Name: _____
 Insurance Co: _____

Date of Service: _____
 Payment: _____ (Cash / Check / Credit Card)

INITIAL EVALUATION & MANAGEMENT SERVICES:

<input type="checkbox"/> 99204 Moderate (45-59 min)	<input type="checkbox"/> 99203 Low (30-44 min)	<input type="checkbox"/> 99202 Straight Forward (15-29 min)
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ESTABLISHED EVALUATION & MANAGEMENT SERVICES:

<input type="checkbox"/> 99214 Mod. Severity (30-39 min)	<input type="checkbox"/> 99213 Low Severity (20-29 min)	<input type="checkbox"/> 99212 Straight Forward (10-19 min)
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ACUPUNCTURE:

<input type="checkbox"/> 97810 Acu. 1 or more needles, initial 15 min.	<input type="checkbox"/> 97813 Acu w/E-Stim. 1 or more needles, initial 15 min.
<input type="checkbox"/> 97811 Acu. ea. additional 15 min. with insertion	<input type="checkbox"/> 97814 Acu w/E-Stim. ea. add'l 15 min. with insertion

TREATMENT MODALITIES:

<input type="checkbox"/> 97530 Therapeutic Activities 1.1 pt. contact ea. 15 min.	<input type="checkbox"/> 97140 Manual Therapy, ea. 15 min.
<input type="checkbox"/> 97535 Self Care Training (Activities of Daily Living)	<input type="checkbox"/> 97112 Neuro-Muscular Re-Education, ea. 15 min.
<input type="checkbox"/> 97110 Therapeutic Exercise (ROM), ea. 15 min.	<input type="checkbox"/> 97139 Unlisted Therapeutic Proc. (Cupping or Moxa)
<input type="checkbox"/> 97124 Massage Therapy, ea. 15 min.	<input type="checkbox"/> 97032 Electrical-Stim, (manual) ea. 15 min.
<input type="checkbox"/> 95372 Injection/Infusion Administration	<input type="checkbox"/> 97014 E-Stim unattended <input type="checkbox"/> G0283 E-Stim (UHC only)
<input type="checkbox"/> 20550 Injection(s) single tendon sheath or ligament	<input type="checkbox"/> 97010 Hot/Cold Pack Treatments (ONLY 1X PER VISIT)
<input type="checkbox"/> 20551 Injection single tendon origin insertion	<input type="checkbox"/> 97026 Infrared (ONLY 1X PER VISIT)
<input type="checkbox"/> 20552 Inj. Single/multiple trigger pts. 1-2 muscles	<input type="checkbox"/> 97802 Nutrition Therapy Initial Assess. (Individual)
<input type="checkbox"/> 20553 Inj. Single/multiple trigger pts. 3+ muscles	<input type="checkbox"/> 97803 Nutrition Therapy Re-assessment (individual)
INJECTION WHICH DX CODES: _____	<input type="checkbox"/> 97035 Ultrasound, ea. 15 min.
<input type="checkbox"/> S6903 E-Stim of auricular Acu points. ea. 15 min.	<input type="checkbox"/> 97016 Vasoneumatic Device

Additional CPT Codes: (Strapping/Taping, Labs ordered, etc.) _____

ICD 10 Codes:

GENERAL PAIN <input type="checkbox"/> R52 Pain Unspecified <input type="checkbox"/> G59.4 Chronic Pain Syndrome <input type="checkbox"/> G59.0 Central Pain Syndrome <input type="checkbox"/> G59.11 Acute Pain due to Trauma <input type="checkbox"/> G59.29 Chronic Pain <input type="checkbox"/> G59.25 Other Chronic Post Proc. Pain	EAR / NOSE / THROAT <input type="checkbox"/> H92.01 Ear Pain, Right Ear <input type="checkbox"/> H92.02 Ear Pain, Left Ear <input type="checkbox"/> H57.11 Eye Pain, Right Eye <input type="checkbox"/> H57.12 Eye Pain, Left Eye <input type="checkbox"/> J31.2 Chronic Pharyngitis (sore throat) <input type="checkbox"/> J32.1 Chronic Sinusitis <input type="checkbox"/> R05 Cough	<input type="checkbox"/> M54.9 Back Pain Unspecified <input type="checkbox"/> M54.50 Low Back Pain Unspecified <input type="checkbox"/> M54.51 Vertebrogenic Low Back Pain <input type="checkbox"/> M54.59 Other Low Back Pain <input type="checkbox"/> M54.6 Thoracic Spine Pain
ANXIETY/DEPRESSION <input type="checkbox"/> F41.8 Anxiety Depression non persistent <input type="checkbox"/> F41.9 Anxiety disorder, unspecified <input type="checkbox"/> F34.1 Dysthymic Disorder	CIRCULATORY/NERVOUS SYSTEM <input type="checkbox"/> R07.9 Chest Pain <input type="checkbox"/> R60.9 Edema, Unspecified <input type="checkbox"/> R03.0 Elevated BP, no dx Hypertension <input type="checkbox"/> I10 Hypertension <input type="checkbox"/> I95.9 Hypotension NOS <input type="checkbox"/> E03.8 Other specified Hypothyroidism <input type="checkbox"/> R00.2 Palpitations <input type="checkbox"/> G47.00 Insomnia <input type="checkbox"/> G51.0 Bells Palsy	MUSCLE & TENDON <input type="checkbox"/> M79.10 Myalgia, Unspec Site. <input type="checkbox"/> M79.11 <input type="checkbox"/> M79.12 <input type="checkbox"/> M79.18 <input type="checkbox"/> M79.7 Fibromyalgia <input type="checkbox"/> M77.11 Tennis Elbow Rt <input type="checkbox"/> M77.12 Lt <input type="checkbox"/> M62.830 Muscle Spasm, Back <input type="checkbox"/> M62.831 Muscle Spasm, Calf <input type="checkbox"/> M62.838 Muscle Spasm, Other
HEAD/FACE <input type="checkbox"/> R51.0 Headache w/ orthostatic component <input type="checkbox"/> R51.9 Headache, unspecified <input type="checkbox"/> G44.1 Vascular Headache <input type="checkbox"/> G44.209 Tension-type Headache, unspecified not intractable <input type="checkbox"/> G44.219 Episodic Tension-type Headache, not intractable <input type="checkbox"/> G44.221 Chronic Tension-type Headache, intractable (intense pain) <input type="checkbox"/> G44.229 Chronic Tension-type Headache, non intractable (not intense) <input type="checkbox"/> G44.329 Chronic Post Traumatic Headache <input type="checkbox"/> G44.89 Other Headache Syndrome <input type="checkbox"/> G43.109 Migraine with aura, not intractable <input type="checkbox"/> G43.009 Migraine w/o aura, not intractable <input type="checkbox"/> G43.909 Migraine <input type="checkbox"/> M26.601 TMJ Right <input type="checkbox"/> M26.602 TMJ Left <input type="checkbox"/> R68.84 Jaw Pain (mandible or maxilla) <input type="checkbox"/> K08.9 Tooth Pain (unspec disorder of teeth)	DIGESTIVE <input type="checkbox"/> R19.7 Diarrhea <input type="checkbox"/> K59.00 Constipation (unspecified) <input type="checkbox"/> R13.10 Dysphagia (unspecified) <input type="checkbox"/> R14.1 Gas Pain <input type="checkbox"/> K30 Indigestion (Dyspepsia) <input type="checkbox"/> K21.9 Esophageal Flux (GERD) <input type="checkbox"/> R10.13 Abdominal Pain, Epigastric <input type="checkbox"/> R10.9 Abdominal Pain, Unspecified <input type="checkbox"/> K58.9 IBS MUSCULOSKELETAL <input type="checkbox"/> M06.9 Rheumatoid Arthritis, unspec SPINE <input type="checkbox"/> M54.12 Cervical Radiculopathy <input type="checkbox"/> M43.27 Fusion of spine, lumbosacral region	GENITOURINARY <input type="checkbox"/> N94.6 Dysmenorrhea <input type="checkbox"/> N91.2 Amenorrhea <input type="checkbox"/> N97.9 Infertility Female Unspec <input type="checkbox"/> N46.9 Infertility Male Unspec JOINT PAIN <input type="checkbox"/> M79.671 Pain in Right Foot <input type="checkbox"/> M79.672 Pain in Left Foot <input type="checkbox"/> M25.561 Pain in Right Knee <input type="checkbox"/> M25.562 Pain in Left Knee <input type="checkbox"/> M25.641 Pain in Right Hand <input type="checkbox"/> M79.642 Pain in Left Hand <input type="checkbox"/> M25.511 Pain in Right Shoulder <input type="checkbox"/> M25.512 Pain in Left Shoulder <input type="checkbox"/> M25.551 Pain in Right Hip <input type="checkbox"/> M25.552 Pain in Left Hip <input type="checkbox"/> M79.674 Pain in Right Toes <input type="checkbox"/> M79.675 Pain in Left Toes

(Please Number All Diagnosis Codes in the Appropriate Order)