

INFINITE THERAPY SOLUTIONS, LLP

OCCUPATIONAL THERAPY BILLING FORM

Therapist Name _____
Therapist License _____
Therapist NPI _____

Patient Name _____
Date of Service _____

Number of Units

___ 97003 OT Evaluation
___ 97004 OT Re-Evaluation
___ 97110 Therapeutic Procedure
___ 97112 Neuromuscular Reeducation
___ 97530 Therapeutic Activities
___ 10000 Team Meeting

Patient Name _____
Date of Service _____

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