

INFINITE THERAPY SOLUTIONS, LLP

PHYSICAL THERAPY BILLING FORM

Therapist Name _____
Therapist License _____
Therapist NPI _____

Patient Name _____
Date of Service _____

Number of Units

___ 97001 PT Evaluation
___ 97002 PT Re-Evaluation
___ 97110 Therapeutic Procedure
___ 97112 Neuromuscular Reeducation
___ 97530 Therapeutic Activities
___ 97140 Manual Therapy
___ 10000 Team Meeting

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