Carter Physiotherapy PLLC. Payment Receipt

2700 Bee Caves Rd. Ste. 111

Austin, TX. 78746

Location of Services: Outpatient Clinic (stand alone), code = 11

EIN: 27-11\_\_\_\_\_\_\_

Ph: 512-9\_\_\_\_\_\_

Patient:

ICD9 Code:

Date Description Procedure Charge

 Manual Therapy x 3 ($30/unit) 97140 90.00

 Therapeutic Exercise ($30/unit) 97110 30.00

 Total Charges: $120.00

 Provider Discount: $

 Total Payments: $

 Account Balance: $

Provider:

Jarod Carter PT, DPT

License#: TX 116\_\_\_\_\_

NPI#: 144\_\_\_\_\_\_

|  |  |
| --- | --- |
|  |  |

Provider Signature: 

This patient has paid in full for the service provided and Carter Physiotherapy is NOT an insurance provider for this claim. PLEASE PROVIDE ANY PAYMENT DIRECTLY TO THE PATIENT