



Sensory Solutions

Occupational Therapy for Children

Outpatient Occupational Therapy Receipt

PLEASE PAY TO:

Patient Name: _____

Address: _____

Phone #: (____) _____

Date of Service: _____

Place of service: Outpatient OT Office

322 Los Gatos Saratoga Rd., Los Gatos, CA 95030

Submit to:

Insurance Co: _____

Member # _____

Subscriber's Name _____

Birthdate: _____

Group #: _____

Claim #: _____

Referring Physician: _____

Address: _____

ICD-9 Codes: _____

Date of Onset: _____

Outpatient Occupational Therapy Charges

Treatment	Time	CPT Code	Charges	Total Units	Total
Evaluation	60 minutes	97750	\$		
Therapeutic Exercise	15 minutes	97110	\$		
Neuromuscular Exercise	15 minutes	97112	\$		
Functional Activities	15 minutes	97530	\$		
Self-Care/Home Management Training	15 minutes	97535	\$		
Dietician Assessment	15 minutes	97802	\$		
Dietician Intervention	15 minutes	97803	\$		
School/Home Visit			\$		
Consultation			\$		
Documentation			\$		
Cancellation Fee			\$		
TOTAL CHARGE					

Check #: _____ Cash _____

PAYMENT \$ _____

CC #: _____ VISA AMEX M/C Other: _____

BALANCE DUE \$ _____

Payment made to: Sensory Solutions, LLC Inc.

Teri Jetter, MS, OTR/L; Sensory Solutions, LLC; Tax ID #20-4028947

Please reimburse the patient for the above services. Thank you.