



PATIENT'S NAME: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

CHART #: \_\_\_\_\_

VISITS APPROVED: \_\_\_\_\_

BODY PART(S): \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

DATE	PATIENT SIGNATURE / PROVIDER INITIALS	ACUPUNCTURE CARE
	/	AC-97810 ( ) AC15-97811 ( ) AS-97813 ( ) AS15-97814 ( ) TE-97110 ( ) MT 97140 ( ) KA-97530 ( ) SCMgmt-97535 ( ) OTHER E/M: -25
	/	AC-97810 ( ) AC15-97811 ( ) AS-97813 ( ) AS15-97814 ( ) TE-97110 ( ) MT 97140 ( ) KA-97530 ( ) SCMgmt-97535 ( ) OTHER E/M: -25
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TIME SPENT FACE-TO-FACE: < 8 MINUTES = 0 UNIT, 8-22 MINUTES = 1 UNIT, 23-37 MINUTES = 2 UNITS

(NUMBER TO THE RIGHT OF THE CPT CODE INDICATES MINUTES USED)

ACU TX SHEET - WC 0422