

Rehabilitation and Progress

Notes Dr. Damon A. Cross

Date _____ Signature _____

Notice to Medicare patients: Medicare will pay for services that it determines to be reasonable and necessary. Medicare will deny payment for manual manipulation for maintenance care. Medicare will not pay for exam, therapy or X-rays.

Beneficiary Agreement: I have been notified by my physician that he believes that, in my case, Medicare is likely to deny payment for service if I am being seen for maintenance case. I agree to be fully responsible for payment.

If new condition, date of onset: _____ What caused this? _____

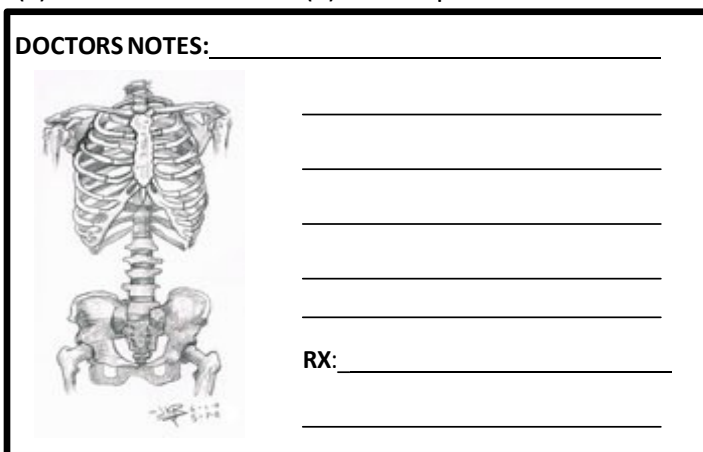
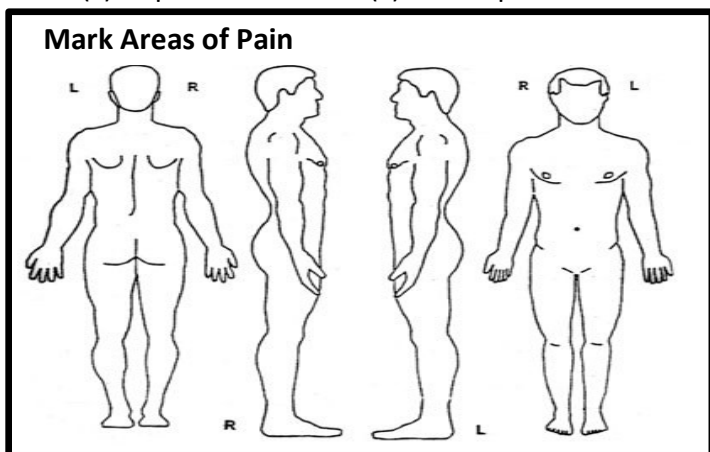
Describe your pain: _____

MY LEVEL OF PAIN TODAY IS

0 1 2 3 4 5 6 7 8 9 10
NONE SEVERE PAIN

Since my last office visit, overall I have:

Improved Not Improved Same Flare Up



For Doctors use only

TREATMENT PLAN: _____

ASSESSMENT: RESPONDING WELL SLOW POOR MYO

PHYSICAL MODALITIES Rx: ICE MOIST HEAT ELECT STIM. TRACTION

ULTRA SOUND MYOFASCIAL MASS. ISO KINETIC EXERCISE WHIRLPOOL

99201 99202 99203 99204 99205 99212-25 SA-M5 98940 98941

97014 97032 97012 97035 97010 97140 97022 97110

Financial Status: Auto Cash General Ins. Managed Ins. Medicare

Next Appointment: M T W TH F _____ WEEK _____ MONTH

Doctor Signature: _____