SUPERBILL

Chehalis River Massage
2829 Simpson Ave, Hoquiam Wa 98550
info@chehalisrivermassage.com
Call/text: 360-996-1748

Tax ID: 42-3311708
Group NPI: 1598661787

Client Name: _____

Date of Service: _____

Payment at time of service: _____

Place of Service (POS): 11 - Office

Billing CPT Code: (check one)

_____ **97124** Massage Therapy
_____ **97140** Manual Therapy (for Premera)

Units: Length of session (check one)

_____ **2 units** = 30 minutes
_____ **4 units** = 60 minutes
_____ **6 units** = 90 minutes

Massage Therapist: (check one)

_____ Kayla M – NPI: 1922284256

Diagnosis (ICD-10) Code(s): Areas worked on that day.
Codes can be found on your Dr RX/referral. Your LMT is not allowed to diagnose.
(check any/all that apply)

_____ Back Pain - Lower (lumbar): **M54.50**
_____ Back Pain - Mid (thoracic): **M54.6**
_____ Hip Pain (right): **M25.551**
_____ Hip Pain (left): **M25.552**
_____ Leg Pain (right): **M79.661**
_____ Leg Pain (left): **M79.662**
_____ Neck Pain (cervicalgia): **M54.2**
_____ Shoulder Pain (right): **M25.511**
_____ Shoulder Pain (left): **M25.512**
_____ Other (fill in any other codes): _____

Download your superbill online: https://chehalisrivermassage.com/insurance