



CHAPTER 538 SCHOOL-BASED HEALTH SERVICES APPENDIX G

Chapter 538School-Based Health Services

Appendix 538GPhysical Therapy Billing Form

Service Record – School Based Physical Therapy Billing Form

Last Name	First Name
Date of Birth	Provider Name/Credentials
School	Month/Year
	Date of Birth

LIST ALL DIAGNOSIS CODES RELATED TO PHYSICAL THERAPY							
1.	2.	3.	4.	5.	6.		

Physical Therapy Services: Physician's authorization on file. Services must be identified on the Plan of Care.

Service Date	Diagnosis Code(s)	Procedure Code	Start Time	End Time	Units/Event
Date					
Signatur	e/Credentials	Da	te		

Co-Signature/Credentials
(initial dates directly supervised)

Date
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