

## FINANCIAL

<b>Accounts Receivable by Invoice</b>	A complete list of all outstanding invoices and claims, either by client or payor, summarized into Current, 30, 60, 90 and 120+ day aging buckets.
<b>Unpaid Services</b>	A complete list of each unpaid service, either by client or payor, along with relevant fee-split information and aging.
<b>Payment Journal</b>	A listing of all payment entered during a specific time period including a summary by payment method.
<b>Payment Application</b>	A listing of how payments that have been entered have been applied – a detailed listing of services paid by specific payments. Also shows reimbursement average and # of collection days by service.
<b>Unbilled Services</b>	A listing of all patient services that have been entered but not yet posted (on paper or electronically) to invoices (or HCFA claim forms). May be run for client and/or insurer-based charges.
<b>Invoice Journal</b>	A list of all invoices (HCFA claim forms) issued during a specific time period.
<b>General Ledger Audit Trail</b>	A detailed transaction report by General Ledger account which can be used to troubleshoot accounting issues.
<b>General Ledger Posting Summary</b>	A summary by General Ledger account for any given period of time which can be used as a source document for posting into your external accounting system.

## HOUSEKEEPING

<b>Fee Listing</b>	A listing of all of your fee codes and their pricing. Special rates for specific insurers can be reported, as an option.
<b>Other Contact List</b>	A listing of all of your Other Contacts such as employers, lawyers and other external patient contacts. May be printed by category.
<b>Payor Listing</b>	A listing of your insurers.

<b>Physician Listing</b>	A listing of all referring and family physicians. May be printed by Physician-type.
<b>Provider Listing</b>	A listing of all of your internal therapists along with their relevant credentialing information and professional registration numbers.

## MARKETING/PROMOTION

<b>Client Listing</b>	A multi-purpose report allowing for the extraction of client demographics based on many criteria such as birth date, discharge date, assessment date and more. Data can be exported and used for mail-merge marketing purposes.
<b>Referrals</b>	A detailed listing of each patient referred by each referral source (ie; Physicians, Other Contacts, Patients, Therapists, etc) along with revenue generated or collected to-date by each client, their referral source and referral category.
<b>Referral Trend</b>	A trended report containing a 12-month grid showing the number of referrals each month for each of your referral sources with totals and averages for the year.

## OPERATIONS

<b>Daily Reconciliation</b>	A recap of all key statistics regarding a specific date range including revenue, collections, attendance statistics, referral information, discharge information and warnings about potentially missed charge entry.
<b>Operations Summary</b>	A high-level recap of all key business indices including receivables, attendance/compliance, referrals, discharges, patient flow, collections, unbilled services and Accounts Receivable, for any given period of time.
<b>Provider Performance Summary</b>	Comparative details about each providers' attendance, revenue, collections, scheduling load, cancellation/no show rate and productivity during any given period of time.
<b>Funding</b>	A listing of all patients that are approaching their funding maximums – based on an approved dollar amount, expiry date, number of visits and number of units.

<b>Revenue</b>	A detailed report of all services that took place during any date range, with various summary options. Essentially a recap to confirm that the entry of services was performed correctly.
<b>Revenue Trend</b>	A trended report showing a 12-month revenue grid (and/or collections) for each month for all of your fee codes (different services & products) with totals and averages for the year.
<b>Payor Revenue Trend</b>	A trended report showing a 12-month revenue grid (and/or collections) for each month for all of your payors with totals and averages for the year.
<b>Treatment Statistics</b>	A listing of all patients discharged for any date range indicating discharge disposition, cost and length of treatment and nature of injury along with various treatment benchmarks (eg; # of days from contact to initial assessment, etc). This report can be produced by referral source, as well.
<b>Compensation</b>	A detailed accounting of what each therapist should be compensated, based on the charges entered for any date range and on the compensation arrangements that have been entered into each Provider's record.
<b>Physician Appointment Tracking</b>	A listing of all clients with Physician appointments within any specified date range.

## **PATIENT ACCOUNT**

<b>Statement of Account</b>	Account Statements can be generated in many different formats, either by invoice/claim totals or individual services with an array of presentation and historical options. Statements can be produced for any time period.
<b>Generic Invoice</b>	A standard invoice issued to clients and insurers who do not require any type of special invoice or claim form. Many different presentation options are available for this style of invoice.
<b>Treatment History</b>	A list of all patient treatments and the relevant therapist information for any given period of time.

## SCHEDULING

<b>Resource Day at a Glance</b>	A detailed appointment listing, with pertinent information about each client, for any date in a calendar format.
<b>Resource Day Sheet</b>	A detailed appointment listing, with pertinent information about each client, for any date in an itinerary format.
<b>Patient Fall-Off</b>	A listing of all patients who have not attended your clinic since a specific date who have not yet been discharged.
<b>Billing Sheet</b>	An individual page for each patient attending the clinic on a specific date listing all the possible fee codes providing the therapist with a worksheet to indicate what charges occurred for that date (for data entry).
<b>Pending Appointments</b>	A listing, generally provided to a patient, of all upcoming appointments.
<b>Appointment History</b>	A complete history, for any date range, of a patient's attendance, cancellations and no shows with a summary.
<b>Client Attendance</b>	A listing of all patients who have less than a specific number of future appointments booked.
<b>Office Day at a Glance</b>	A condensed calendar containing all therapists' schedules for a specific date.
<b>Resource Week at a Glance</b>	A condensed calendar printed for each therapist, outlining their entire week.

## TASK MANAGEMENT

<b>Contact Log Follow-Up</b>	A listing of all tasks concerning a patient such as overdue payment promises, overdue reports and overdue approvals which can be printed based on follow-up dates.
<b>Reminder List</b>	A listing of all pending Reminders that have been entered into the system, by date range and by InTouch user.
<b>Progress Notes Status</b>	A listing, by provider, of all Progress Notes, by date, that have not been entered where actual services have been rendered and recorded.

## DOCUMENTATION/EMR

<b>SOAP Note Daily Progress Report</b>	Daily SOAP or Progress Note. These are customizable.
<b>Evaluations, Re-Evaluations</b>	General, Cervical & Lumbar Evaluations. Note that these are customizable and user MS-Word templates can also be used.
<b>Discharge Summary</b>	Discharge Summary. Note that these are customizable and user MS-Word templates can also be used.

## COMING SOON!

<b>Inventory Listing</b>	A listing of all products, stock levels and cost of goods on hand for all items on only those at our below minimum quantities.
<b>Inventory Adjustments</b>	Listing of all non-sale-related ins and outs of inventory including stock received, slippage and any other transaction in which inventory changed not via the sales channel.
<b>Under/Over Treatment Plan</b>	Listing of patients who are either over or under their prescribed and approved number of treatments.

### **General reporting options:**

- All reports can be printed and back-dated for any date range
- All reports can be printed for a specific provider
- All reports can be printed to a specific type of patient
- All reports can be provided in either a detailed or summary format
- All reports can be printed to an Adobe PDF format for easy emailing
- All reports can be printed for a specific location or the entire organization
- All reports can be exported to MS-Excel and Rich Text Format (RTF)
- Additional specific data selection and presentation options exist for each report

**Continuum**

100 Main Street  
Buffalo, NY 10010  
Phone: (555) 555-5555  
Fax: (555) 555-5555

**Accounts Receivable by Invoice**

Details by client as of 05/15/2009

For All Providers, All Collection Representatives, All Collection Status, All  
Referrals, All Divisions, and Location: BUFFALO

Inv #	Invoice To	ID #/Policy #	Bill Date	Invoiced	Paid	Total Due	Current	30-59	60-89	90-119	120+
'Keefe, Mary Jane			Client Phone: (555) 555-5555 (H)			File #: 03021934					
04/15/2008, called re: denied claims all going to ded. will r/s ref#19924225-bg 3/19-r/s all dos to anthem bc/bs-bg KX Modifier											
11555	BCBS Anthem (BCBSCT)	XGC0148M49339/	03/19/2008	\$3,813.00	\$424.00	\$3,389.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,389.00
				\$3,813.00	\$424.00	\$3,389.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,389.00
'Neil, George			Client Phone: (555) 555-5555 (H)			File #: 100922					
12/10/2008, Medicare deductible met/ no P.T. or O.T. used this year											
18403	Medicare Part "A"of New York (MC.361347746A/-		12/15/2008	\$487.00	\$0.00	\$487.00	\$0.00	\$0.00	\$0.00	\$0.00	\$487.00
18565	Medicare Part "A"of New York (MC.361347746A/-		12/22/2008	\$517.00	\$0.00	\$517.00	\$0.00	\$0.00	\$0.00	\$0.00	\$517.00
18688	Medicare Part "A"of New York (MC.361347746A/-		12/29/2008	\$299.00	\$0.00	\$299.00	\$0.00	\$0.00	\$0.00	\$0.00	\$299.00
18829	Medicare Part "A"of New York (MC.361347746A/-		01/05/2009	\$325.00	\$0.00	\$325.00	\$0.00	\$0.00	\$0.00	\$0.00	\$325.00
18957	Medicare Part "A"of New York (MC.361347746A/-		01/12/2009	\$396.00	\$0.00	\$396.00	\$0.00	\$0.00	\$0.00	\$0.00	\$396.00
19174	Medicare Part "A"of New York (MC.361347746A/-		01/19/2009	\$264.00	\$0.00	\$264.00	\$0.00	\$0.00	\$0.00	\$264.00	\$0.00
19502	Medicare Part "A"of New York (MC.361347746A/-		02/02/2009	\$285.00	\$0.00	\$285.00	\$0.00	\$0.00	\$0.00	\$285.00	\$0.00
				\$2,573.00	\$0.00	\$2,573.00	\$0.00	\$0.00	\$0.00	\$549.00	\$2,024.00
Ablan, Rafael			Client Phone: (416) 761-6000 (H)			File #: 100951					
01/02/2009, Patient has a \$20 copay/75 visits per year/no referral or precert required-jr											
Credit	Ablan, Rafael		01/05/2009	\$0.00	\$20.00	(\$20.00)	\$0.00	\$0.00	\$0.00	\$0.00	(\$20.00)
			01/07/2009	\$0.00	\$20.00	(\$20.00)	\$0.00	\$0.00	\$0.00	\$0.00	(\$20.00)
			01/14/2009	\$0.00	\$20.00	(\$20.00)	\$0.00	\$0.00	\$0.00	\$0.00	(\$20.00)
			01/21/2009	\$0.00	\$20.00	(\$20.00)	\$0.00	\$0.00	\$0.00	(\$20.00)	\$0.00
			01/26/2009	\$0.00	\$20.00	(\$20.00)	\$0.00	\$0.00	\$0.00	(\$20.00)	\$0.00
			02/04/2009	\$0.00	\$20.00	(\$20.00)	\$0.00	\$0.00	\$0.00	(\$20.00)	\$0.00
18925	BCBS Federal (BCBSFD)	R58087379/-	01/09/2009	\$178.00	\$0.00	\$178.00	\$0.00	\$0.00	\$0.00	\$0.00	\$178.00
19039	BCBS Federal (BCBSFD)	R58087379/-	01/16/2009	\$112.00	\$0.00	\$112.00	\$0.00	\$0.00	\$0.00	\$112.00	\$0.00
19367	BCBS Federal (BCBSFD)	R58087379/-	01/27/2009	\$112.00	\$0.00	\$112.00	\$0.00	\$0.00	\$0.00	\$112.00	\$0.00
19592	BCBS Federal (BCBSFD)	R58087379/-	02/05/2009	\$112.00	\$0.00	\$112.00	\$0.00	\$0.00	\$0.00	\$112.00	\$0.00
19654	Medicare Part "A"of New York (MCAR01)		04/23/2009	\$150.00	\$0.00	\$150.00	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00
				\$664.00	\$120.00	\$544.00	\$150.00	\$0.00	\$0.00	\$276.00	\$118.00
Abrielli, Carmella			Client Phone: (555) 555-5555 (H)			File #: 100851					
10/30/2008, Patient has met their \$135 deductible w/ Medicare/Anthem BC/BS will follow Medicare's guidelines as far as visits w/ \$1810 cap-jr											
17565	Medicare Part "A"of New York (MC.047163945A/-		11/10/2008	\$449.00	\$422.16	\$26.84	\$0.00	\$0.00	\$0.00	\$0.00	\$26.84
17738	Medicare Part "A"of New York (MC.047163945A/-		11/17/2008	\$567.00	\$526.45	\$40.55	\$0.00	\$0.00	\$0.00	\$0.00	\$40.55
17907	Medicare Part "A"of New York (MC.047163945A/-		11/24/2008	\$153.00	\$141.59	\$11.41	\$0.00	\$0.00	\$0.00	\$0.00	\$11.41

Inv #	Invoice To	ID #/Policy #	Bill Date	Invoiced	Paid	Total Due	Current	30-59	60-89	90-119	120+
				\$335.00	\$0.00	\$335.00	\$0.00	\$0.00	\$0.00	\$0.00	\$335.00
Ynch, Kathleen			Client Phone: (555) 555-5555 (H)			File #: 100178					
9827	Medicare Part "A"of New York (MC,041264952A/-		01/04/2008	\$275.00	\$258.46	\$16.54	\$0.00	\$0.00	\$0.00	\$0.00	\$16.54
10139	Medicare Part "A"of New York (MC,041264952A/-		01/21/2008	\$555.00	\$418.23	\$136.77	\$0.00	\$0.00	\$0.00	\$0.00	\$136.77
10307	Medicare Part "A"of New York (MC,041264952A/-		01/28/2008	\$129.00	\$123.09	\$5.91	\$0.00	\$0.00	\$0.00	\$0.00	\$5.91
10485	Medicare Part "A"of New York (MC,041264952A/-		02/04/2008	\$142.00	\$132.66	\$9.34	\$0.00	\$0.00	\$0.00	\$0.00	\$9.34
				\$1,101.00	\$932.44	\$168.56	\$0.00	\$0.00	\$0.00	\$0.00	\$168.56
Yrd, Tamika			Client Phone: (555) 555-5555 (H)			File #: 100838	Adjuster: Gullo, Ritza	Adjuster Phone: (555) 555-5555 (W)			
12/10/2008, VERBAL AUTH FROM RITZA GULLO (NEW ADJUSTOR) FOR ADD'L 12V /RAB											
12/10/2008, 11/3/08 VERBAL AUTH FOR 12V FROM JANELLA PALTAK, LIB MUT ADJUSTOR/RAB											
10/29/2008, **VERBAL AUTH FOR IE FROM A. JACOBSON, LIB MUT SUPERVISOR. WHEN INFORMED AHR NOT PAR W/MED RISK - "DON'T SEE A PROBLEM WITH THAT - SEND CLAIMS TO...(SEE BILLING RULES)"/RAB**											
10/23/2008, WORKERS COMPENSATION/rab											
18902	Liberty Mutual	116385798/-	01/09/2009	\$132.00	\$0.00	\$132.00	\$0.00	\$0.00	\$0.00	\$0.00	\$132.00
19125	Liberty Mutual	116385798/-	01/16/2009	\$552.00	\$0.00	\$552.00	\$0.00	\$0.00	\$0.00	\$552.00	\$0.00
19291	Liberty Mutual	116385798/-	01/23/2009	\$614.00	\$0.00	\$614.00	\$0.00	\$0.00	\$0.00	\$614.00	\$0.00
19451	Liberty Mutual	116385798/-	01/30/2009	\$408.00	\$0.00	\$408.00	\$0.00	\$0.00	\$0.00	\$408.00	\$0.00
				\$1,706.00	\$0.00	\$1,706.00	\$0.00	\$0.00	\$0.00	\$1,574.00	\$132.00
Ziadik, Stephen			Client Phone: (555) 555-5555 (H)			File #: 100272					
01/05/2009, final notice to pt-bg											
12/04/2008, past due to pt-bg											
11/10/2008, past due bill to pt-bg											
10/16/2008, bill to pt-bg											
09/09/2008, past due to pt-bg											
08/13/2008, past due statement to pt-bg											
16921	Ziadik, Stephen		10/16/2008	\$105.00	\$60.00	\$45.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45.00
				\$105.00	\$60.00	\$45.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45.00
GRAND TOTAL				\$351,891.23	\$134,375.39	\$217,515.84	\$7,294.00	\$60.00	\$990.00	\$76,136.96	\$133,034.88



# Continuum

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Buffalo, NY 10010  
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## Unpaid Services Report

Unpaid services by clients until 05/15/2009

For All Payors, All Providers, All Collection Representatives, All Collection

Status, All Divisions, and Location: BUFFALO

Responsibility Party & Client	Bill Date	Inv #	Days Old	Service Date	Quantity	Code	Service or Product	Client Amount	Client Paid	Payor Amount	Payor Paid	Adjustment	Payor	Current Balance
'Keefe, Mary Jane	Birthdate: 03/02/1934				File#: 03021934									
BCBS Anthem (BCBSCT							Managing Provider: Taylor, Tom			ID#: XGC0148M49339				
	03/19/08	11555	604	09/19/07	1.00 unit(s)	97001	Physical Therapy Evaluatio	\$0.00	\$0.00	\$275.00	\$0.00	\$0.00	\$0.00	\$275.00
	03/19/08	11555	598	09/25/07	1.00 unit(s)	97112	Neuro ReEd / Taping	\$0.00	\$0.00	\$83.00	\$0.00	\$0.00	\$0.00	\$83.00
	03/19/08	11555	598	09/25/07	1.00 unit(s)	97530	Dynamic functional activiti	\$0.00	\$0.00	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00
	03/19/08	11555	598	09/25/07	1.00 unit(s)	97110	Ther Ex	\$0.00	\$0.00	\$87.00	\$0.00	\$0.00	\$0.00	\$87.00
	Sub-Total on 09/25/2007				3.00 unit(s)			\$0.00	\$0.00	\$255.00	\$0.00	\$0.00	\$0.00	\$255.00
	03/19/08	11555	595	09/28/07	1.00 unit(s)	97112	Neuro ReEd / Taping	\$0.00	\$0.00	\$83.00	\$0.00	\$0.00	\$0.00	\$83.00
	03/19/08	11555	595	09/28/07	1.00 unit(s)	97110	Ther Ex	\$0.00	\$0.00	\$87.00	\$0.00	\$0.00	\$0.00	\$87.00
	03/19/08	11555	595	09/28/07	1.00 unit(s)	97014	Electrical Stim - Unattende	\$0.00	\$0.00	\$42.00	\$0.00	\$0.00	\$0.00	\$42.00
	03/19/08	11555	595	09/28/07	1.00 unit(s)	97530	Dynamic functional activiti	\$0.00	\$0.00	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00
	Sub-Total on 09/28/2007				4.00 unit(s)			\$0.00	\$0.00	\$297.00	\$0.00	\$0.00	\$0.00	\$297.00
	03/19/08	11555	591	10/02/07	1.00 unit(s)	97140	Manual Therapy Technique	\$0.00	\$0.00	\$66.00	\$0.00	\$0.00	\$0.00	\$66.00
	03/19/08	11555	591	10/02/07	1.00 unit(s)	97110	Ther Ex	\$0.00	\$0.00	\$87.00	\$0.00	\$0.00	\$0.00	\$87.00
	03/19/08	11555	591	10/02/07	1.00 unit(s)	97014	Electrical Stim - Unattende	\$0.00	\$0.00	\$42.00	\$0.00	\$0.00	\$0.00	\$42.00
	Sub-Total on 10/02/2007				3.00 unit(s)			\$0.00	\$0.00	\$195.00	\$0.00	\$0.00	\$0.00	\$195.00
	03/19/08	11555	589	10/04/07	1.00 unit(s)	97140	Manual Therapy Technique	\$0.00	\$0.00	\$66.00	\$0.00	\$0.00	\$0.00	\$66.00
	03/19/08	11555	589	10/04/07	1.00 unit(s)	97014	Electrical Stim - Unattende	\$0.00	\$0.00	\$42.00	\$0.00	\$0.00	\$0.00	\$42.00
	03/19/08	11555	589	10/04/07	1.00 unit(s)	97530	Dynamic functional activiti	\$0.00	\$0.00	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00
	Sub-Total on 10/04/2007				3.00 unit(s)			\$0.00	\$0.00	\$193.00	\$0.00	\$0.00	\$0.00	\$193.00
	03/19/08	11555	583	10/10/07	1.00 unit(s)	97112	Neuro ReEd / Taping	\$0.00	\$0.00	\$83.00	\$0.00	\$0.00	\$0.00	\$83.00
	03/19/08	11555	583	10/10/07	1.00 unit(s)	97110	Ther Ex	\$0.00	\$0.00	\$87.00	\$0.00	\$0.00	\$0.00	\$87.00
	Sub-Total on 10/10/2007				2.00 unit(s)			\$0.00	\$0.00	\$170.00	\$0.00	\$0.00	\$0.00	\$170.00
	03/19/08	11555	581	10/12/07	1.00 unit(s)	97140	Manual Therapy Technique	\$0.00	\$0.00	\$66.00	\$0.00	\$0.00	\$0.00	\$66.00
	03/19/08	11555	581	10/12/07	1.00 unit(s)	97112	Neuro ReEd / Taping	\$0.00	\$0.00	\$83.00	\$0.00	\$0.00	\$0.00	\$83.00
	03/19/08	11555	581	10/12/07	1.00 unit(s)	97530	Dynamic functional activiti	\$0.00	\$0.00	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00
	Sub-Total on 10/12/2007				3.00 unit(s)			\$0.00	\$0.00	\$234.00	\$0.00	\$0.00	\$0.00	\$234.00
	03/19/08	11555	570	10/23/07	1.00 unit(s)	97140	Manual Therapy Technique	\$0.00	\$0.00	\$66.00	\$0.00	\$0.00	\$0.00	\$66.00
	03/19/08	11555	570	10/23/07	1.00 unit(s)	97010	Hot/Cold Pack	\$0.00	\$0.00	\$30.00	\$0.00	\$0.00	\$0.00	\$30.00
	03/19/08	11555	570	10/23/07	1.00 unit(s)	97530	Dynamic functional activiti	\$0.00	\$0.00	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00
	Sub-Total on 10/23/2007				3.00 unit(s)			\$0.00	\$0.00	\$181.00	\$0.00	\$0.00	\$0.00	\$181.00
	03/19/08	11555	569	10/24/07	1.00 unit(s)	97112	Neuro ReEd / Taping	\$0.00	\$0.00	\$83.00	\$0.00	\$0.00	\$0.00	\$83.00
	03/19/08	11555	569	10/24/07	2.00 unit(s)	97110	Ther Ex	\$0.00	\$0.00	\$174.00	\$144.00	\$0.00	\$0.00	\$30.00
	03/19/08	11555	569	10/24/07	1.00 unit(s)	97530	Dynamic functional activiti	\$0.00	\$0.00	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00



Responsibility Party & Client	Bill Date	Inv #	Days Old	Service Date	Quantity	Code	Service or Product	Client Amount	Client Paid	Payor Amount	Payor Paid	Payor Adjustment	Current Balance
Yrd, Tamika	Birthdate: 08/28/1977			File#: 100838									
	Sub-Total on 01/20/2009				4.00 unit(s)			\$0.00	\$0.00	\$291.00	\$0.00	\$0.00	\$291.00
	01/30/09	19451	108	01/27/09	2.00 unit(s)	97110	Ther Ex	\$0.00	\$0.00	\$174.00	\$0.00	\$0.00	\$174.00
	01/30/09	19451	108	01/27/09	1.00 unit(s)	97010	Hot/Cold Pack	\$0.00	\$0.00	\$30.00	\$0.00	\$0.00	\$30.00
	Sub-Total on 01/27/2009				3.00 unit(s)			\$0.00	\$0.00	\$204.00	\$0.00	\$0.00	\$204.00
	01/30/09	19451	106	01/29/09	2.00 unit(s)	97110	Ther Ex	\$0.00	\$0.00	\$174.00	\$0.00	\$0.00	\$174.00
	01/30/09	19451	106	01/29/09	1.00 unit(s)	97010	Hot/Cold Pack	\$0.00	\$0.00	\$30.00	\$0.00	\$0.00	\$30.00
	Sub-Total on 01/29/2009				3.00 unit(s)			\$0.00	\$0.00	\$204.00	\$0.00	\$0.00	\$204.00
Yrd, Tamika Totals:					24.00 unit(s)			\$0.00	\$0.00	\$1,706.00	\$0.00	\$0.00	\$1,706.00
Ziadik, Stephen	Birthdate: 01/22/1966			File#: 100272									
AETNA POS II (981106							Managing Provider: Kellerman, Lisa	ID#: W028289668					
	08/14/08	15426	336	06/13/08	2.00 unit(s)	97110	Ther Ex	\$15.00	\$0.00	\$159.00	\$159.00	\$0.00	\$15.00
	08/14/08	15426	333	06/16/08	2.00 unit(s)	97140	Manual Therapy Technique	\$15.00	\$0.00	\$117.00	\$117.00	\$0.00	\$15.00
	06/23/08	14152	330	06/19/08	2.00 unit(s)	97012	Traction Mechanical	\$15.00	\$0.00	\$57.00	\$57.00	\$0.00	\$15.00
Ziadik, Stephen Totals:					6.00 unit(s)			\$45.00	\$0.00	\$333.00	\$333.00	\$0.00	\$45.00
<b>GRAND TOTAL</b>					<b>3466.00 unit(s); 856 min(s)</b>			<b>\$33,821.11</b>	<b>\$3,627.37</b>	<b>\$334,326.79</b>	<b>113,827.44</b>	<b>\$323.00</b>	<b>\$250,370.09</b>

**Continuum**

100 Main Street  
Buffalo, NY 10010  
Phone: (555) 555-5555  
Fax: (555) 555-5555

**Payment Journal**

Payment taking place between 01/29/2009 and 01/29/2009  
For All Payors, All Clients, All Payment Methods, All Providers, All Divisions,  
Location: BUFFALO, and All Users

Payor	Client	Location	Payment Date	Entry Date	Method	Description	Amount
Haly, Fayez	Haly, Fayez	BUFFALO	01/29/2009	01/29/2009	Cash	Copay for 1/29 Tb	\$20.00
Rereton, Thomas	Rereton, Thomas	BUFFALO	01/29/2009	01/29/2009	Cash	copay 1/29--th	\$20.00
Ulchin, Beverly	Ulchin, Beverly	BUFFALO	01/29/2009	01/29/2009	Cash	copay 1/29--th	\$10.00
AETNA POS II (981106)	Gata, Mary Josephine	BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$83.30
		BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$87.40
		BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$84.97
		BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$43.90
AETNA POS II (981106)	Ilches, Paola	BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$116.62
AETNA POS II (981106)	Illmann, Randi	BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$36.81
AETNA POS II (981106)	Oitras, Tara	BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$67.28
AETNA POS II (981106)	Therton, Lorrie	BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$14.50
		BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$94.49
		BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$83.90
		BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$59.10
BCBS Anthem (BCBSCT)	Berempt, Gary	BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$59.10
		BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$140.00
Cambridge Integrated Campus Group	Owland, Sharese	BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$140.00
		BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$40.00
Ilbur, Sandra	Ilbur, Sandra	BUFFALO	01/29/2009	01/29/2009	Check	copay 1/29 check#3692--th	\$89.14
Liberty Mutual	Yrd, Tamika	BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$30.00
Olan, Charles	Olan, Charles	BUFFALO	01/29/2009	01/29/2009	Check	Check#3203-Thank you	\$78.35
United Healthcare (choiceplus)	Earney, Justin	BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$7.10
United Healthcare (choiceplus)	Elcome, Beryl	BUFFALO	01/29/2009	01/29/2009	Check		\$46.84
United Healthcare (choiceplus)	Rereton, Thomas	BUFFALO	01/29/2009	01/29/2009	Check	1/23/08	\$64.10
		BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$80.29
		BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$103.27
		BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$106.74
		BUFFALO	01/29/2009	01/29/2009	Check	1/21/09	\$106.74
United HealthCare SBC (UHCSBC)	Onnor, Shannon	BUFFALO	01/29/2009	01/29/2009	Check	1/29/09	\$39.90
> Daily Sub-Total:							\$1,847.10
GRAND TOTAL							\$1,847.10

Summary of Payments Received by Methods	Quantity	Method	Ledger Account	Amount
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Summary of Payments Received by Methods	Quantity	Method	Ledger Account	Amount
	3	Cash	Bank	\$50.00
	25	Check	Bank	\$1,797.10
<b>TOTAL</b>				<b>\$1,847.10</b>

Summary of Payoff by Aging	Age	Amount
	Current	\$1,322.66
	30 Days	\$494.44
	60 Days	\$30.00
	90 Days	\$0.00
	120+ Days	\$0.00
	Unapplied	\$0.00

Summary of Payments Received by Ledger Accounts	Code	Ledger Account	Amount
	BANK	Bank	\$1,847.10
<b>TOTAL</b>			<b>\$1,847.10</b>



## The InTouch Clinic

100 Main Street  
New York, NY, United States, 10100  
Phone: (212) 111-2222  
Fax: (212) 222-3333

## Payment Application Report

By date of payment between 01/07/2010 and 01/09/2010  
For Payor: Blue Cross & Blue Shield of Ga, All Billing Kinds, All Services, All Payment  
Methods, All Providers, All Divisions, All Networks, Location: Main, and All Users

Payor Name	Patient Name	Inv #	Invoice Date	Service Date	Fee Code & Description	Provider Name	Payment Method	Payment Date	Applied Date	User	Original Fee Amt	Amount Applied
Blue Cross & Blue Shield of All, Kara		7559	12/17/09	12/15/09	97110 Ther Ex	Ackie, Daniel	CHECK	1/7/10	1/7/10	tking	\$128.00	\$101.92
		7559	12/17/09	12/15/09	97140 Manual Therapy Technique	Ackie, Daniel	CHECK	1/7/10	1/7/10	tking	\$36.00	\$23.57
		7559	12/17/09	12/15/09	97110 Ther Ex	Ackie, Daniel	WD	1/7/10	1/7/10	tking	\$128.00	\$26.08
		7559	12/17/09	12/15/09	97140 Manual Therapy Technique	Ackie, Daniel	WD	1/7/10	1/7/10	tking	\$36.00	\$12.43
		8185	1/5/10	12/15/09	97110 Ther Ex	Ackie, Daniel	WD	1/7/10	1/7/10	tking	\$32.00	\$32.00
		8185	1/5/10	12/15/09	97140 Manual Therapy Technique	Ackie, Daniel	WD	1/7/10	1/7/10	tking	\$9.00	\$9.00
> SUB-TOTAL All, Kara:											\$369.00	\$205.00
ATE-DONALDSON, Jul	7729		12/22/09	11/20/09	97110 Ther Ex	Ilver, Herb	CHECK	1/7/10	1/7/10	tking	\$11.33	\$11.33
	7729		12/22/09	11/20/09	97140 Manual Therapy Technique	Ilver, Herb	CHECK	1/7/10	1/7/10	tking	\$5.24	\$5.24
> SUB-TOTAL ATE-DONALDSON, Julia:											\$16.57	\$16.57
CHENRY, Howard	7297		12/9/09	11/13/09	97110 Ther Ex	Ilver, Herb	CHECK	1/7/10	1/7/10	tking	\$6.80	\$6.80
	7297		12/9/09	11/13/09	97140 Manual Therapy Technique	Ilver, Herb	CHECK	1/7/10	1/7/10	tking	\$3.14	\$3.14
> SUB-TOTAL CHENRY, Howard:											\$9.94	\$9.94
Eymour, Ron	7571		12/17/09	12/14/09	97110 Ther Ex	Ilver, Herb	CHECK	1/7/10	1/7/10	tking	\$80.00	\$50.96
	7571		12/17/09	12/14/09	97140 Manual Therapy Technique	Ilver, Herb	CHECK	1/7/10	1/7/10	tking	\$90.00	\$47.14
	7571		12/17/09	12/14/09	97110 Ther Ex	Ilver, Herb	WD	1/7/10	1/7/10	tking	\$80.00	\$29.04
	7571		12/17/09	12/14/09	97140 Manual Therapy Technique	Ilver, Herb	WD	1/7/10	1/7/10	tking	\$90.00	\$42.86
> SUB-TOTAL Eymour, Ron:											\$340.00	\$170.00
LETCHER, Linda	7558		12/17/09	12/15/09	97110 Ther Ex	Ackie, Daniel	CHECK	1/7/10	1/7/10	tking	\$40.00	\$25.48
	7558		12/17/09	12/15/09	97140 Manual Therapy Technique	Ackie, Daniel	CHECK	1/7/10	1/7/10	tking	\$90.00	\$47.14
	7558		12/17/09	12/15/09	97001 Physical Therapy Evaluation	Ackie, Daniel	CHECK	1/7/10	1/7/10	tking	\$150.00	\$63.37
	7558		12/17/09	12/15/09	97110 Ther Ex	Ackie, Daniel	WD	1/7/10	1/7/10	tking	\$40.00	\$14.52
	7558		12/17/09	12/15/09	97140 Manual Therapy Technique	Ackie, Daniel	WD	1/7/10	1/7/10	tking	\$90.00	\$42.86
	7558		12/17/09	12/15/09	97001 Physical Therapy Evaluation	Ackie, Daniel	WD	1/7/10	1/7/10	tking	\$150.00	\$86.63
> SUB-TOTAL LETCHER, Linda:											\$560.00	\$280.00
> TOTAL Blue Cross & Blue Shield of Ga:											\$1,295.51	\$681.51
<b>APPLI CATION TOTAL:</b>											<b>\$1,295.51</b>	<b>\$681.51</b>

Summary by Services	Fee Code	Fee Description	Net Charge
	97001	Physical Therapy Evaluation (in 23.00 days)	\$150.00
	97110	Ther Ex (11 units, avg \$27.10, in 29.50 days)	\$298.13
	97140	Manual Therapy Techniques (7 units, avg \$33.34, in 29.50 days)	\$233.38

Summary by Services	Fee Code	Fee Description	Net Charge
TOTAL			\$681.51

Summary by Payment Methods	Code	Payment Method Description	Net Charge
	CHECK	Check	\$386.09
	WD	Write Down	\$295.42
TOTAL			\$681.51

**Continuum**

100 Main Street  
Buffalo, NY 10010  
Phone: (555) 555-5555  
Fax: (555) 555-5555

**Unbilled Services Report**

Services taking place up to 05/15/2009  
For All Providers, All Divisions, and Location: BUFFALO

Responsible Party & Client	Location	Incident Description	Service Date	Entry Date	Quantity	Fee Code	Fee Description	Amount
<b>'Andrea, Catharine</b>								
'Andrea, Catharine	BUFFALO	Alzheimers	01/10/2007	01/16/2007	1 min(s)	97001	Physical Therapy Evaluation	\$25.00
	BUFFALO	Alzheimers	01/10/2007	03/16/2007	1 min(s)	97001	Physical Therapy Evaluation	\$25.00
'Andrea, Catharine(Date of Birth: 06/22/1918) Totals:								\$50.00
'Andrea, Catharine Totals:								\$50.00
<b>'Arcy, Stuart</b>								
'Arcy, Stuart	BUFFALO	Right Knee Pain	02/26/2008	02/27/2008	1.00 unit(s)	97001	Physical Therapy Evaluation	\$25.00
'Arcy, Stuart	BUFFALO	Right Knee Pain	02/29/2008	03/03/2008	2.00 unit(s)	97110	Ther Ex	\$25.00
'Arcy, Stuart	BUFFALO	Right Knee Pain	03/03/2008	03/04/2008	2.00 unit(s)	97110	Ther Ex	\$25.00
'Arcy, Stuart	BUFFALO	Right Knee Pain	03/05/2008	03/06/2008	1.00 unit(s)	97530	Dynamic functional activities, Therapeutic ,	\$25.00
'Arcy, Stuart	BUFFALO	Right Knee Pain	03/18/2008	03/19/2008	1.00 unit(s)	97014	Electrical Stim - Unattended	\$25.00
'Arcy, Stuart	BUFFALO	Right Knee Pain	03/25/2008	03/26/2008	1.00 unit(s)	97014	Electrical Stim - Unattended	\$25.00
'Arcy, Stuart(Date of Birth: 05/23/1978) Totals:								\$150.00
'Arcy, Stuart Totals:								\$150.00
<b>Aah, Yassah</b>								
Aah, Yassah	BUFFALO	Neck & Back Pain	02/15/2008	02/19/2008	1.00 unit(s)	97001	Physical Therapy Evaluation	\$10.00
Aah, Yassah	BUFFALO	Neck & Back Pain	02/19/2008	02/20/2008	1.00 unit(s)	97530	Dynamic functional activities, Therapeutic ,	\$10.00
Aah, Yassah	BUFFALO	Neck & Back Pain	02/20/2008	02/21/2008	1.00 unit(s)	97530	Dynamic functional activities, Therapeutic ,	\$10.00
Aah, Yassah	BUFFALO	Neck & Back Pain	02/22/2008	02/25/2008	1.00 unit(s)	97010	Hot/Cold Pack	\$10.00
Aah, Yassah	BUFFALO	Neck & Back Pain	02/25/2008	02/26/2008	1.00 unit(s)	97530	Dynamic functional activities, Therapeutic ,	\$10.00
Aah, Yassah	BUFFALO	Neck & Back Pain	02/27/2008	02/28/2008	1.00 unit(s)	97110	Ther Ex	\$10.00
Aah, Yassah	BUFFALO	Neck & Back Pain	02/29/2008	03/03/2008	1.00 unit(s)	97110	Ther Ex	\$10.00
Aah, Yassah	BUFFALO	Neck & Back Pain	03/03/2008	03/04/2008	3.00 unit(s)	97110	Ther Ex	\$10.00
Aah, Yassah(Date of Birth: 10/21/1975) Totals:								\$80.00
Aah, Yassah Totals:								\$80.00
<b>Abaee, Mehdi</b>								
Abaee, Mehdi	BUFFALO	Lower Back Pain	06/23/2008	06/24/2008	1.00 unit(s)	97001	Physical Therapy Evaluation	\$25.00
Abaee, Mehdi	BUFFALO	Lower Back Pain	06/24/2008	06/25/2008	2.00 unit(s)	97110	Ther Ex	\$25.00
Abaee, Mehdi	BUFFALO	Lower Back Pain	06/26/2008	06/27/2008	2.00 unit(s)	97140	Manual Therapy Techniques	\$25.00
Abaee, Mehdi	BUFFALO	Lower Back Pain	07/01/2008	07/02/2008	1.00 unit(s)	97010	Hot/Cold Pack	\$25.00

Responsible Party & Client	Location	Incident Description	Service Date	Entry Date	Quantity	Fee Code	Fee Description	Amount
Yson, Eric Totals:								\$50.00
<b>Zostek, Victoria</b>								
Zostek, Victoria	BUFFALO	Back/Shoulder/Left Arm	11/30/2006	12/10/2006	1 min(s)	97110	Therapeutic Procedure	\$5.00
Zostek, Victoria	BUFFALO	Back/Shoulder/Left Arm	12/07/2006	12/10/2006	2 min(s)	97110	Therapeutic Procedure	\$5.00
Zostek, Victoria(Date of Birth: 10/09/1970) Totals:								\$10.00
Zostek, Victoria Totals:								\$10.00
<b>Zzo-Catania, Antonietta</b>								
Zzo-Catania, Antonietta	BUFFALO	Neck/Back/B/L Shoulder Pain	10/09/2008	10/10/2008	1.00 unit(s)	97003	Occupational Therapy Evaluation	\$25.00
Zzo-Catania, Antonietta	BUFFALO	Neck/Back/B/L Shoulder Pain	10/14/2008	10/15/2008	1.00 unit(s)	97014	Electrical Stim - Unattended	\$25.00
Zzo-Catania, Antonietta	BUFFALO	Neck/Back/B/L Shoulder Pain	10/16/2008	10/17/2008	1.00 unit(s)	97014	Electrical Stim - Unattended	\$25.00
Zzo-Catania, Antonietta	BUFFALO	Neck/Back/B/L Shoulder Pain	10/21/2008	10/22/2008	1.00 unit(s)	97110	Ther Ex	\$25.00
Zzo-Catania, Antonietta	BUFFALO	Neck/Back/B/L Shoulder Pain	10/23/2008	10/24/2008	1.00 unit(s)	97014	Electrical Stim - Unattended	\$25.00
Zzo-Catania, Antonietta	BUFFALO	Neck/Back/B/L Shoulder Pain	10/28/2008	10/29/2008	1.00 unit(s)	97014	Electrical Stim - Unattended	\$25.00
Zzo-Catania, Antonietta	BUFFALO	Neck/Back/B/L Shoulder Pain	10/30/2008	10/31/2008	1.00 unit(s)	97014	Electrical Stim - Unattended	\$25.00
Zzo-Catania, Antonietta(Date of Birth: 12/25/1958) Totals:								\$175.00
Zzo-Catania, Antonietta Totals:								\$175.00
<b>GRAND TOTAL</b>								<b>\$104,806.06</b>

**Continuum**

100 Main Street  
Buffalo, NY 10010  
Phone: (555) 555-5555  
Fax: (555) 555-5555

**Invoice Journal**

Invoices taking place from 01/29/2009 to 01/29/2009  
For All Payors, All Invoice Styles, All Providers, All Divisions, and Location:  
BUFFALO

Invoice #	Client	Issued To	Location	Invoice Date	Create Date	Fee Description	Amount
<b>Invoice Journal Section</b>							
19410	Chneider, Waltraud	Chneider, Waltraud	BUFFALO	01/29/2009	01/29/2009	Ther Ex	\$11.82
							\$11.82
19411	Berempt, Gary	BCBS Anthem (BCBSCT)	BUFFALO	01/29/2009	01/29/2009	Electrical Stim - Unattended	\$17.00
						Ther Ex	\$261.00
							\$278.00
19412	Angello, Laurie	Medicaid of Connecticut (MCDCT)	BUFFALO	01/29/2009	01/29/2009	Manual Therapy Techniques	
						Manual Therapy Techniques	
						Manual Therapy Techniques	\$55.77
						Ther Ex	
						Ultrasound	
						Ultrasound	\$40.00
							\$95.77
19413	Ithington, John	Medicaid of Connecticut (MCDCT)	BUFFALO	01/29/2009	01/29/2009	Neuro ReEd / Taping	\$55.09
						Physical Therapy Evaluation	
						Ther Ex	\$87.00
							\$142.09
19414	Homas, Robin	Orthonet CIGNA (ORTHO)	BUFFALO	01/29/2009	01/29/2009	Electrical Stim - Unattended	\$22.00
						Manual Therapy Techniques	\$66.00
						Ther Ex	\$174.00
						Ultrasound	\$40.00
							\$302.00
19415	Rereton, Thomas	United Healthcare (choiceplus)	BUFFALO	01/29/2009	01/29/2009	Manual Therapy Techniques	\$178.00
							\$178.00
19416	Rereton, Thomas	United Healthcare (choiceplus)	BUFFALO	01/29/2009	01/29/2009	Manual Therapy Techniques	\$132.00
						Ther Ex	\$67.00
							\$199.00
19417	Ercer, Kim	Orthonet CIGNA (ORTHO)	BUFFALO	01/29/2009	01/29/2009	Manual Therapy Techniques	\$30.00
						Ther Ex	



Invoice #	Client	Issued To	Location	Invoice Date	Create Date	Fee Description	Amount
19417	Ercer, Kim	Orthonet CIGNA (ORTHO)	BUFFALO	01/29/2009	01/29/2009		\$30.00
19419	Therton, Lorrie	Therton, Lorrie	BUFFALO	01/29/2009	01/29/2009		
						Ther Ex	\$192.09
						Ther Ex	\$23.63
						Ther Ex	\$16.82
							\$232.54
19420	Ilches, Paola	Ilches, Paola	BUFFALO	01/29/2009	01/29/2009		
						Manual Therapy Techniques	\$84.96
						Manual Therapy Techniques	\$69.38
							\$154.34
Subtotal for: Invoice Journal Section							\$1,623.56
<b>GRAND TOTAL</b>							<b>\$1,623.56</b>

Summary of Newly Invoiced Items	Fee Code	Fee Description	Amount
	97014	Electrical Stim - Unattended	\$39.00
	97140	Manual Therapy Techniques	\$616.11
	97112	Neuro ReEd / Taping	\$55.09
	97110	Ther Ex	\$833.36
	97035	Ultrasound	\$80.00
<b>TOTAL</b>			<b>\$1,623.56</b>

Summary of Newly Invoiced Items by Ledger Accounts	Code	Ledger Account	Amount
	TREAT	Treatment Revenue	\$1,623.56
<b>TOTAL</b>			<b>\$1,623.56</b>

**Continuum**

100 Main Street  
Buffalo, NY, United States, 10010  
Phone: (555) 555-5555  
Fax: (555) 555-5555

**General Ledger Report**

From 01/01/2009 to 01/31/2009  
For Ledger Account: WO, All Users, and Location:  
BUFFALO

Service Date	Entry Date/Time	Description	Party	By User	Amount
01/02/2009	01/02/2009 03:11:05 pm	Write Off	Medicare Part "A" of New York	west	\$111.61 DR
01/02/2009	01/02/2009 03:04:40 pm	Write Off	Medicare Part "A" of New York	west	\$615.00 DR
01/02/2009	01/02/2009 03:02:36 pm	Write Off	Medicare Part "A" of New York	west	\$1,977.00 DR
01/06/2009	01/06/2009 03:05:19 pm	Write Off	United Healthcare (choiceplus)	west	\$1,695.00 DR
01/06/2009	01/06/2009 03:06:12 pm	Write Off	United Healthcare (choiceplus)	west	\$4,495.00 DR
01/07/2009	01/07/2009 03:44:56 pm	Write Off	Relsford, Robin	west	\$30.00 DR
01/07/2009	01/07/2009 11:43:52 am	Write Off	CIGNA Open Access (CGOPEN)	intouch	\$223.00 DR
01/15/2009	01/15/2009 11:42:47 am	Write Off 1/14/09	AETNA POS II (981106)	west	\$118.77 DR
01/28/2009	01/28/2009 09:20:29 am	Write Off	Arnes, Dora	west	\$40.00 DR
<b>(WO) Totals:</b>					<b>\$9,305.38 DR</b>

**Continuum**

100 Main Street  
Buffalo, NY 10010  
Phone: (555) 555-5555  
Fax: (555) 555-5555

**General Ledger Report**

From 01/01/2009 to 05/15/2009  
For All Accounts & Posting Summary, All Users, and  
Location: BUFFALO

Ledger Code	Ledger Account Description	Total Debits	Total Credits	Balance
ADJUST	Adjustment	\$98,791.21	\$0.00	\$98,791.21 DR
AR	Accounts Receivable	\$161,584.84	\$153,060.77	\$8,524.07 DR
BANK	Bank	\$39,537.28	\$0.00	\$39,537.28 DR
TREAT	Treatment Revenue	\$0.00	\$152,779.00	\$152,779.00 CR
WIP	Work in Progress	\$157,889.90	\$161,584.84	\$3,694.94 CR
WO	Write Off	\$9,621.38	\$0.00	\$9,621.38 DR
<b>BALANCE</b>				<b>\$0.00 CR</b>

**Continuum**

100 Main Street  
Buffalo, NY 10010  
Phone: (555) 555-5555  
Fax: (555) 555-5555

**Fee Listing Report**

For All Payors and All Fee Types

Code	Description	Rate	Default Duration	Default Item(s)	Default Unit	Default Visits	Time Per Unit	Rate/Price	Ledger Code
<b>Treatment</b>									
92506	Eval of Speech, Language, Voice	\$300.00			1			\$300.00 per unit(s)	TREAT
92507	Treatment of Speech, Language, Voice	\$120.00			1			\$120.00 per unit(s)	TREAT
92526	Treatment of Swallowing Disfunction	\$120.00			1			\$120.00 per unit(s)	TREAT
92597	Eval/fitting Voice Prosthetic	\$300.00			1			\$300.00 per unit(s)	TREAT
92610	Eval of Oral & Pharyngeal Swallowing	\$300.00			1			\$300.00 per unit(s)	TREAT
95831	MMT Extremity/Trunk	\$70.00			1			\$70.00 per unit(s)	TREAT
95832	MMT Hand	\$190.00			1			\$190.00 per unit(s)	TREAT
95833	MMT Body	\$190.00			1			\$190.00 per unit(s)	TREAT
95851	ROM Extremity/Trunk	\$60.00			1			\$60.00 per unit(s)	TREAT
95852	ROM Hand	\$78.00			1			\$78.00 per unit(s)	TREAT
96105	Assessment of Aphasia	\$300.00			1			\$300.00 per unit(s)	TREAT
96110	Developmental testing	\$300.00			1			\$300.00 per unit(s)	TREAT
97001	Physical Therapy Evaluation	\$200.00			1			\$200.00 per unit(s)	TREAT
97002	Physical Therapy Re-Evaluation	\$275.00			1			\$275.00 per unit(s)	TREAT
97003	Occupational Therapy Evaluation	\$275.00			1			\$275.00 per unit(s)	TREAT
97004	Re-Evaluation Occupational Therapy	\$275.00			1			\$275.00 per unit(s)	TREAT
97010	Hot/Cold Pack	\$30.00			1			\$30.00 per unit(s)	TREAT
97012	Traction Mechanical	\$36.00			1			\$36.00 per unit(s)	TREAT
97014	Electrical Stim - Unattended	\$42.00			1			\$42.00 per unit(s)	TREAT
97016	Vasopneumatic Devices	\$48.00			1			\$48.00 per unit(s)	TREAT
97018	Paraffin Bath	\$30.00			1			\$30.00 per unit(s)	TREAT
97022	Whirlpool	\$60.00			1			\$60.00 per unit(s)	TREAT
97032	Electrical Stimulation - attended	\$55.00			1			\$55.00 per unit(s)	TREAT
97033	Iontophoresis (Do not use with Aetna)	\$56.00			1			\$56.00 per unit(s)	TREAT
97035	Ultrasound	\$40.00			1			\$40.00 per unit(s)	TREAT
97110	Ther Ex	\$87.00			1			\$87.00 per unit(s)	TREAT

**Continuum**

100 Main Street  
Buffalo, NY 10010  
Phone: (555) 555-5555  
Fax: (555) 555-5555

**Other Contact Listing Report**

For All Categories

Name	Company	Address	Phone & Fax	Email
		Buffalo, NY	Tel: (555) 555-5555 Fax:(555) 555-5555	
AAA Connecticut Motor Club	AAA Connecticut Motor Club	2276 Whitney Avenue Buffalo, NY 06518	Tel: (555) 555-5555 Fax:(555) 555-5555	
abcd inc.	abcd inc.	Buffalo, NY	Tel: (555) 555-5555 Fax:(555) 555-5555	
Abijo, Atinuke		Savin Medical Practice LLC 603 Savin Ave. Buffalo, NY 06516	Tel: (555) 555-5555 Fax:(555) 555-5555	
Adams/IGA	Adams/IGA	Buffalo, NY	Tel: (555) 555-5555 Fax:(555) 555-5555	
Adefuin-Yap, Pepita		New Haven CAPD 136 Sherman Ave., STE 206 Buffalo, NY 06511	Tel: (555) 555-5555 Fax:(555) 555-5555	
Adelsberg, Bernard		Connecticut Medical Group 2416 Whitney Ave. Buffalo, NY 06518	Tel: (716) 888-9999 Fax:(716) 998-7777 Ext. 123	
ADP	ADP	Buffalo, NY	Tel: (555) 555-5555 Fax:(555) 555-5555	
Aerial Lift	Aerial Lift	Buffalo, NY	Tel: (555) 555-5555 Fax:(555) 555-5555	
Aggarwal, Sanjay		Sanjay Aggarwal, MD LLC 1427 Chapel St. Buffalo, NY 06511	Tel: (555) 555-5555 Fax:(555) 555-5555	
Airperfect		29 Summitt Avenue Buffalo, NY 06460	Tel: (555) 555-5555 Fax:(555) 555-5555	
Albertus Magnus College	Albertus Magnus College	700 Prospect Street Buffalo, NY 06511	Tel: (555) 555-5555 Fax:(555) 555-5555	
Alcali, Seyed		Medical Specialists of Fairfield LLC 425 Post Rd. Buffalo, NY 06824	Tel: (555) 555-5555 Fax:(555) 555-5555	
Alcedo, Francis		Primed LLC 999 Silver Lane, FL 3 Buffalo, NY 06611	Tel: (555) 555-5555 Fax:(555) 555-5555	
Allegrini, Michael		Guilford Internal Medicine Group 385 Church St., STE 101 Buffalo, NY 06437	Tel: (555) 555-5555 Fax:(555) 555-5555	
Allied Health & Rehabilitation	Allied Health & Rehabilitation	Buffalo, NY	Tel: (555) 555-5555 Fax:(555) 555-5555	

**Continuum**

100 Main Street  
Buffalo, NY 10010  
Phone: (555) 555-5555  
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**Payor Listing Report**

Name	Address	Phone & Fax	Email	Billing Kind	Invoice Style
					Generic Invoice
AARP Health Care Options (AARP)	PO Box 740819 Buffalo, NY 30374-0819	Tel: (555) 555-5555 Fax:(555) 555-5555			EDI837P Invoice
Acadia	Acadia Underwriters 195 Scott Swamp Rd. P.O. Box 4063 Buffalo, NY 06034-4063	Tel: (555) 555-5555 Fax:(555) 555-5555			HCFA eBill
ACE	P.O. Box 31117 Buffalo, NY 33631-3117	Tel: (555) 555-5555 Fax:(555) 555-5555			HCFA 1500 Red Form
Aetna (AETN02)	PO Box 14586 Buffalo, NY 40512	Tel: (555) 555-5555 Fax:(555) 555-5555			HCFA 1500 Red Form
Aetna Better Health	P.O. Box 61445 Buffalo, NY 85026	Tel: (555) 555-5555 Fax:(555) 555-5555			HCFA eBill
Aetna Health Inc (981107)	P.O. Box 981107 Buffalo, NY 79998-1107	Tel: (555) 555-5555 Fax:(555) 555-5555		Blue Cross Blue Shield	HCFA eBill
Aetna Insurance Company (AETNA)	PO Box 31450 Buffalo, NY 33631	Tel: (555) 555-5555 Fax:(555) 555-5555			HCFA eBill
AETNA POS II (981106)	PO Box 981106 Buffalo, NY 79998-1106	Tel: (555) 555-5555 Fax:(555) 555-5555			HCFA eBill
AETNA PPO (981109)	PO Box 981109 Buffalo, NY 79998-1109	Tel: (555) 555-5555 Fax:(555) 555-5555			HCFA eBill
Aetna QPOS (14089)	PO Box 14089 Buffalo, NY 40512	Tel: (555) 555-5555 Fax:(555) 555-5555			HCFA eBill
Aetna Student Health	P.O. Box 15708 Buffalo, NY 02215-0014	Tel: (555) 555-5555 Fax:(555) 555-5555			HCFA eBill
Aetna US Healthcare (AETN01)	PO Box 26102 Buffalo, NY 27402	Tel: (555) 555-5555 Fax:(555) 555-5555			HCFA eBill
Aetna-Chickering Claims Administrators	P.O. Box 15708 Buffalo, NY 02215-0014	Tel: (555) 555-5555 Fax:(555) 555-5555	www.chickering.com		HCFA eBill
AGI LTC Insurance	AGI Insurance, Inc. P.O. Box 3060 Buffalo, NY 30028	Tel: (555) 555-5555 Fax:(555) 555-5555			Generic Invoice
AGIA	P.O. Box 9851 Buffalo, NY 85068-9851	Tel: (555) 555-5555 Fax:(555) 555-5555			HCFA 1500 Red Form


**Continuum**

100 Main Street  
Buffalo, NY 10010  
Phone: (555) 555-5555  
Fax: (555) 555-5555

## Physician Listing Report

Name	Credentials	Company	Address	Phone & Fax	Email
Abdoo, Robert	B80056		3630 Hill Blvd., Ste. 402 Buffalo, NY 10535	Tel: (250) 666-8888 Fax:(250) 666-8888 Ext. 123	abc@def.com
Abeles, Micha			816 Broad St., Ste. 14 Buffalo, NY 06450	Tel: (555) 555-5555 Fax:(555) 555-5555	
Adefuin-Yap, Pepita	D83235	New Haven CAPD	136 Sherman Ave., STE 206 Buffalo, NY 06511	Tel: (555) 555-5555 Fax:(555) 555-5555	
Adelsberg, Bernard	B13182	Connecticut Medical Group	2416 Whitney Ave. Buffalo, NY 06518	Tel: (555) 555-5555 Fax:(555) 555-5555	
Adetola, Adedayo	G89012	West Haven Medical Group	1453 Whalley Ave. Buffalo, NY 06515	Tel: (555) 555-5555 Fax:(555) 555-5555	
Afolalu, Abisola		West Haven Medical Group	687 Campbell Ave. Buffalo, NY 06516	Tel: (555) 555-5555 Fax:(555) 555-5555	
Aggarwal, Sanjay	G74856		1427 Chapel Street Buffalo, NY 06511	Tel: (555) 555-5555 Fax:(555) 555-5555	
Agoglia, Amy		Doctor's Pediatric PC	55 Danbury Rd. Buffalo, NY 06897	Tel: (555) 555-5555 Fax:(555) 555-5555	
Ahmadian, Fereshteh	F88321	Fairfield Internal Medicine	1261 Post Road, STE 201 Buffalo, NY 06824	Tel: (555) 555-5555 Fax:(555) 555-5555	
Akeyson, Edward	G36943		114 West Main St., Ste. 101 Old Post Office Plaza Buffalo, NY 06051	Tel: (555) 555-5555 Fax:(555) 555-5555	
Alberta, Francis	H80764		385 Prospect Ave. Buffalo, NY 07601	Tel: (555) 555-5555 Fax:(555) 555-5555	dralberta@optonline.net
Alcedo, Francis	G49005	Primed LLC	999 Silver Lane, FL 3 Buffalo, NY 06611	Tel: (555) 555-5555 Fax:(555) 555-5555	
Aleali, Seyed	D33542	Medical Specialists of Fairfield LLC	425 Post Rd. Buffalo, NY 06824	Tel: (555) 555-5555 Fax:(555) 555-5555	
Allegrini, Michael	S82621	Guilford Internal Medicine Group	385 Church St., STE 101 Buffalo, NY 06437	Tel: (555) 555-5555 Fax:(555) 555-5555	
Allmendinger, Philip	B83411	Connecticut Surgical Group	270 Farmington Ave., STE 171 Buffalo, NY 06032	Tel: (555) 555-5555 Fax:(555) 555-5555	
Almounayer, Muhammad	I32637	Gaylord Hospital Inc.	P.O. Box 400 52 Gaylord Farm Rd. Buffalo, NY 06492	Tel: (555) 555-5555 Fax:(555) 555-5555	
Alonso, Luis	F12715	Pediatric & Adolescent Medicine	1062 Barnes Road, Ste. 102 Buffalo, NY 06492	Tel: (555) 555-5555 Fax:(555) 555-5555	
Altman, Mark	D91891	Center for Orthopaedics	60 Temple St., STE 3B Buffalo, NY 06510	Tel: (555) 555-5555 Fax:(555) 555-5555	

**Continuum**

100 Main Street  
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**Provider Listing Report**

Last Name	First Name	Credentials	Job Title	License #
Amazon	Denis		OTR	1831252873
Aristotle	Jean			
Candy	Patty		PT	1508996984
Edwards	Bob		MSPT, ATC	1134281587
Fishman	Lydia		PTA, ATC	1750443784
Glasow	Georgianna			1871647701
Glitter	Glenda		PT, MS, CSCS	1962564971
Jeremy	Katie		PT	1326046095
Keller	Beth		PT	1710037098
Kellerman	Lisa		PT	1518029537
Landers	Kris		PhD, MS, OTR/L	1518053099
Moneybag	Laurie			1629134945
Patterson	Kirsty	PTA		
Portman	Lucy			1215080148
Sampson	Nate			1215062120
Toronto	Tina		Physical Therapy Assistant	



**Continuum**

100 Main Street  
Buffalo, NY 10010  
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**Client Listing Detail Report**

For All Clients, All Contacts, All Providers, All Divisions, and Location: BUFFALO

Client Information		Contact Information	Address	Incident Information
<b>Abae, Mehdi</b> Birth Date: 09/01/1970 Health Number: File Number: 100582	Gender: Male	Home Phone: (555) 555-5555 Work Phone: (555) 555-5555 Home E-mail:	433 Third Ave. Buffalo, NY 06516 United States	Provider: Landers, Kris Incident: 05/28/2008 Lower Back Pain Assessment Date: 06/23/2008 Division: IN NETWORK Location: BUFFALO
<b>Acker, Rita</b> Birth Date: 09/21/1923 Health Number: File Number: 09211923	Gender: Female	Home Phone: (555) 555-5555 Work Phone: (555) 555-5555 Home E-mail:	330 Amity Road Apt. #215 Buffalo, NY 06525 United States	Provider: Molsick, Deb Incident: 11/22/2006 falls Assessment Date: 12/06/2006 Division: MEDICAID Location: BUFFALO
<b>Ajas, Mary</b> Birth Date: 09/08/1913 Health Number: File Number: 810	Gender: Female	Home Phone: (555) 555-5555 Work Phone: (555) 555-5555 Home E-mail:	6911 Main St. Apt. 328 Buffalo, NY 06614 United States	Provider: Keller, Beth Incident: 11/08/2006 Unsteady gait Assessment Date: 11/09/2006 Division: MEDICAID Location: BUFFALO
<b>Antacroce, Frank</b> Birth Date: 09/21/1967 Health Number: File Number: 100781	Gender: Male	Home Phone: (555) 555-5555 Work Phone: (555) 555-5555 Home E-mail:	6 Independence Lane Buffalo, NY 06473 United States	Provider: Kellerman, Lisa Incident: 09/30/2008 Back Pain/L-5 Disc Herniated Assessment Date: 10/07/2008 Division: IN NETWORK Location: BUFFALO
<b>Antin-Worrell, Donna</b> Birth Date: 09/14/1959 Health Number: File Number: 09141959	Gender: Female	Home Phone: (555) 555-5555 Work Phone: (555) 555-5555 Home E-mail:	6 Martin Lane Buffalo, NY 06516 United States	Provider: Vigeant, Andrea Incident: 12/22/2006 Right Shoulder Assessment Date: 01/25/2007 Division: IN NETWORK Location: BUFFALO
<b>Apecea, Rosemary</b> Birth Date: 09/17/1940 Health Number: File Number: 09171940	Gender: Female	Home Phone: (555) 555-5555 Work Phone: (555) 555-5555 Home E-mail:	48 Ardale St. Buffalo, NY 06516 United States	Provider: Taylor, Tom Incident: 01/17/2007 Spine Sprain Assessment Date: 07/23/2007 Division: IN NETWORK Location: BUFFALO
<b>Appiello, Chris</b> Birth Date: 09/13/1963 Health Number: File Number: 09131963	Gender: Male	Home Phone: (555) 555-5555 Work Phone: (555) 555-5555 Home E-mail:	396 Savin Ave. Buffalo, NY 06516 United States	Provider: Vigeant, Andrea Incident: 01/04/2007 Neck Assessment Date: 02/05/2007 Division: IN NETWORK Location: BUFFALO



## Continuum

100 Main Street  
Buffalo, NY 10010  
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## Referral Report

Referral date from 01/01/2009 to 01/31/2009  
For All Categories, All Referrals, All Divisions, and  
Location: BUFFALO

Referral Source	Client Name	Incident Description	Referral Date	Revenue
<b>Others</b>				
Yellow Pages	Adowiecki, Deborah	Cervical/Radiculopathy	01/26/2009	\$1,172.00
	1 patient			\$1,172.00
	1 referral source, 1 patient total			\$1,172.00
<b>Physicians</b>				
Bernstein, Richard	Elly, Annmarie	B/L Lateral Epicondylitis	01/08/2009	\$2,204.00
	Ikenis, Carrie	Left Elbow/Bicep Pain	01/15/2009	\$1,043.00
	2 patients			\$3,247.00
Boone, Peter	Eeves, Serena	Right Knee Replacement	01/14/2009	\$2,161.00
	1 patient			\$2,161.00
Bridgers, Samuel	Amerman, Martin	Ataxia	01/23/2009	\$673.00
	1 patient			\$673.00
Daigneault, John	Unius, Moses	Right Frozen Shoulder	01/07/2009	\$1,753.00
	1 patient			\$1,753.00
DeLuca, Peter	Elly, Casey	Right Knee Fx Patella	01/14/2009	\$1,441.00
	1 patient			\$1,441.00
DeSilva, Garamuni	Ille, Evelyn	Swallow Eval	01/14/2009	\$420.00
	1 patient			\$420.00
Etkin, Thomas	Kere, Chuck	Lower Back Pain	01/15/2009	\$624.00
	Anez, Monica	Left 1st MT Stress Fx	01/30/2009	\$0.00
	2 patients			\$624.00
Goldner, Stephen	Rnsky, Jean	Lower Back to Left Side Pain	01/15/2009	\$1,708.00
	1 patient			\$1,708.00
Gottiparthi, Sreedhar	Ernandez, Martha	C-Spine Sprain	01/05/2009	\$275.00
	1 patient			\$275.00
Halperin, Richard	Iller, Mariah	Right Ankle Sprain	01/07/2009	\$365.00
	1 patient			\$365.00
Hermele, Herbert	Ulchin, Beverly	Neck Pain	01/08/2009	\$2,714.00
	1 patient			\$2,714.00
Kaufman, Richard	Rancato, MaryLou	Right Leg Pain	01/30/2009	\$407.00
	1 patient			\$407.00
Kelley, John	Rown, Stephen	Rotator cuff	01/29/2009	\$0.00
	1 patient			\$0.00
Levin, Wayne	Udolph, Margaret	Swallowing Difficulty	01/05/2009	\$540.00
	1 patient			\$540.00
Lindskog, Dieter	Eschell, Harry	Right Shoulder Dislocation/Fx Clavicle	01/06/2009	\$1,673.00
	1 patient			\$1,673.00
Masto, Paula	Ahirovic, Emina	Lower Back	01/14/2009	\$539.00
	1 patient			\$539.00
Medvecky, Michael	Ressley, Jalisa	Right Knee Pain	01/05/2009	\$935.00
	1 patient			\$935.00
Nwokolo-Nwangwu, Chioma	Endrick, Dorsey	Upper Back Pain/Right Shoulder	01/06/2009	\$1,556.00
	1 patient			\$1,556.00

Referral Source	Client Name	Incident Description	Referral Date	Revenue
<b>Physicians</b>				
Perera, Channa	Oyce, Rhonda	Lower Back/Neck/Shoulder Pain	01/13/2009	\$605.00
	1 patient			\$605.00
Reznik, Alan	Acker, Deborah	Fx Pelvis	01/06/2009	\$275.00
	1 patient			\$275.00
Roach, Barbara	Owensend, Virginia	Neck Arthritis	01/22/2009	\$275.00
	1 patient			\$275.00
Rodriguez, PAC, Ana	Estrepo, Margarita	Right Elbow Pain/Acute Tendonitis/Lateral Epicondylitis	01/30/2009	\$341.00
	1 patient			\$341.00
Sabshin, James	Haly, Fayez	Lower Back Pain	01/22/2009	\$1,205.00
	1 patient			\$1,205.00
Toumanian, Karine	Allister, Beatrice	Gait Instability	01/15/2009	\$597.00
	1 patient			\$597.00
Walaliyadda, Anuruddha	Riffin, James	LUMBAR SPRAIN	01/16/2009	\$1,228.00
	1 patient			\$1,228.00
Zell, Richard	Ipka, Emma	Right Ankle Sprain	01/09/2009	\$623.00
	1 patient			\$623.00
Zimmerman, Lynne	Ithington, John	Left Shoulder Tendonitis	01/17/2009	\$1,813.00
	1 patient			\$1,813.00
	27 referral sources, 29 patients total			\$27,993.00
<b>GRAND TOTAL</b>	<b>28 referral sources, 30 patients total</b>			<b>\$29,165.00</b>



## Continuum

100 Main Street  
Buffalo, NY 10010  
Phone: (555) 555-5555  
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## Referral Trend Report

Referral date starting from January, 2008  
For All Categories, All Divisions, and Location: BUFFALO

Referral Source	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Total	Average
<Unassigned Referral Category>														
	1	0	1	2	3	1	0	2	1	1	0	1	13	1.08
	1	0	1	2	3	1	0	2	1	1	0	1	13	1.08
Others														
Yellow Pages	0	0	0	0	0	0	1	0	0	0	0	0	1	0.08
	0	0	0	0	0	0	1	0	0	0	0	0	1	0.08
Physicians														
Abdoo, Robert	0	1	0	0	0	0	0	0	0	0	0	0	1	0.08
Abeles, Micha	0	0	0	0	0	0	0	0	0	1	0	0	1	0.08
Adetola, Adedayo	1	0	0	0	0	0	0	0	1	2	0	1	5	0.42
Afolalu, Abisola	0	0	0	0	0	0	0	1	2	0	0	0	3	0.25
Aggarwal, Sanjay	0	0	0	0	0	0	0	1	0	0	0	0	1	0.08
Alberta, Francis	0	0	0	0	0	0	0	1	0	0	0	0	1	0.08
Altman, Mark	0	0	0	0	1	0	0	0	0	0	0	0	1	0.08
Amato, Peter	0	0	0	0	1	1	0	0	0	0	0	0	2	0.17
Anderson, Frederic	0	0	0	0	0	0	0	0	0	0	1	0	1	0.08
Angoff, Ronald	0	0	0	0	0	0	1	0	0	0	0	0	1	0.08
Applegate, Todd	0	0	1	0	0	0	0	0	0	0	0	0	1	0.08
Arkins, Thomas	0	0	0	0	0	1	0	0	0	1	0	0	2	0.17
Asiedu, Patrick	1	1	2	0	0	0	0	0	0	0	1	0	5	0.42
Astrachan, David	0	1	0	0	0	0	0	0	0	0	0	0	1	0.08
Aversa, John	0	0	0	1	0	0	0	0	1	0	1	0	3	0.25
Awad, John	0	0	0	0	0	0	1	0	0	0	0	0	1	0.08
Balas, Horatiu	0	0	1	1	0	1	1	2	1	0	2	0	9	0.75
Balsamo, Joseph	0	1	1	0	4	1	0	0	0	0	0	1	8	0.67
Barasch, Philip	0	0	0	0	0	1	0	0	0	0	0	0	1	0.08
Barse, Richard	1	0	0	2	1	1	0	0	0	0	0	0	5	0.42
Baumgaertner, Michael	0	0	0	0	0	0	0	0	1	0	0	0	1	0.08
Beiner, John	0	0	0	0	0	0	0	0	0	0	1	0	1	0.08
Bernstein, Richard	1	3	0	2	0	0	1	1	0	0	0	1	9	0.75
Bertini, Nicholas	0	1	0	0	0	0	0	1	0	0	0	0	2	0.17
Bindelglass, David	0	0	0	0	1	0	0	0	0	0	0	0	1	0.08

Referral Source	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Total	Average
<b>Physicians</b>														
Tomak, Patrick	0	0	0	1	0	0	0	0	0	0	0	0	1	0.08
Tomak, Sanda	1	1	0	0	2	0	2	0	1	0	0	1	8	0.67
Tomanelli, Joseph	0	0	0	0	0	0	0	0	1	0	0	0	1	0.08
Tortorello, Joseph	0	0	0	0	0	0	0	0	0	0	1	0	1	0.08
Toumanian, Karine	0	0	0	2	0	0	0	0	0	0	0	1	3	0.25
Tristine, Edward	0	0	1	0	0	0	0	0	0	0	0	1	2	0.17
Umapathy, Mallasetap	0	0	0	0	0	2	0	1	0	1	0	0	4	0.33
Unsworth, Stacy	0	0	0	0	0	1	0	0	0	0	0	0	1	0.08
Urciuoli, Steven	0	0	0	0	0	1	0	0	0	0	0	0	1	0.08
Vahey, Marianne	0	0	0	0	1	0	0	1	0	0	0	1	3	0.25
Walaliyadda, Anuruddha	0	0	0	0	0	1	0	0	0	0	0	0	1	0.08
Waller, Scott	0	0	0	0	0	0	0	0	0	1	0	0	1	0.08
Warren, Wayne	0	1	0	1	0	1	0	0	0	0	0	0	3	0.25
Wechsler, Cindy	0	0	1	0	0	0	0	0	0	0	0	0	1	0.08
Weiland, Daniel	0	0	0	0	0	0	0	0	0	0	0	1	1	0.08
Weinstein, Norman	0	0	0	0	0	0	0	0	0	0	1	0	1	0.08
Weisman, Tedd	0	0	0	0	0	0	0	0	0	1	0	1	2	0.17
Whang, Peter	0	0	0	0	0	0	2	0	0	0	0	1	3	0.25
Whelan, Richard	0	0	0	0	0	0	0	0	1	0	0	0	1	0.08
White, Kathleen	0	0	0	1	0	0	1	0	0	0	0	0	2	0.17
Wijesekera, Shirvinda	0	0	1	3	0	0	0	0	0	1	0	2	7	0.58
Williams, Vincent	1	0	0	0	0	0	1	2	2	1	1	1	9	0.75
Wirz, Diane	0	1	0	0	0	0	0	0	0	0	0	0	1	0.08
Woods, Strick	0	0	0	0	1	0	0	0	0	0	0	0	1	0.08
Wormser, Andrew	0	0	1	0	0	0	0	0	0	0	0	0	1	0.08
Wu, Joseph	1	0	1	0	2	1	0	0	0	0	0	0	5	0.42
Zarcu-Power, Flora	0	0	1	0	0	0	0	0	0	0	0	0	1	0.08
Zell, Richard	2	0	0	2	1	0	2	0	1	2	0	0	10	0.83
Zimmering, Paul	0	0	0	1	0	0	0	0	0	0	0	0	1	0.08
	54	58	52	66	62	57	53	59	56	59	44	48	668	55.67
<b>Totals</b>	55	58	53	68	65	58	54	61	57	60	44	49	682	56.83

**Continuum**

100 Main Street  
Buffalo, NY 10010  
Phone: (555) 555-5555  
Fax: (555) 555-5555

**Daily Reconciliation Report**

Daily reconciliation from 01/15/2009 to 01/15/2009  
For All Providers, All Divisions and Location: BUFFALO

**Revenue Summary:**

Fee Code	Fee Description	Quantity	Total \$	% of Total
97001	Physical Therapy Evaluation	2.00 unit(s)	\$550.00	11.38%
97002	Physical Therapy Re-Evaluation	1.00 unit(s)	\$275.00	5.69%
97010	Hot/Cold Pack	3.00 unit(s)	\$90.00	1.86%
97014	Electrical Stim - Unattended	1.00 unit(s)	\$42.00	0.87%
97110	Ther Ex	24.00 unit(s)	\$2,088.00	43.22%
97112	Neuro ReEd / Taping	3.00 unit(s)	\$249.00	5.15%
97140	Manual Therapy Techniques	22.00 unit(s)	\$1,452.00	30.06%
97530	Dynamic functional activities, Therapeutic Activities	1.00 unit(s)	\$85.00	1.76%
Revenue Total:		Total charges to clients: \$205.00 Total charges to payors: \$4,626.00	\$4,831.00	

**Provider & Attendance Summary:**

Provider	# Attend	Revenue \$	Avg \$ per Visit	# Cancelled	# No Show
Aristotle, Jean	5	\$0.00		1	0
Edwards, Bob	0	\$0.00		0	0
Glitter, Glenda	0	\$3,632.00		0	0
Kellerman, Lisa	0	\$1,199.00		0	0
Moneybag, Laurie	8	\$0.00		1	0
Patterson, Kirsty	4	\$0.00		4	0
Provider & Attendance Total:	17	\$4,831.00	\$284.18	6	0

**Payment Summary:**

Payment Method	Client	Payor	Total
Adjustment	\$90.00	\$4,170.07	\$4,260.07
Cash	\$120.00	\$0.00	\$120.00
Check	\$5.00	\$1,210.62	\$1,215.62
Mastercard	\$30.00	\$0.00	\$30.00
Visa	\$25.00	\$0.00	\$25.00
Write Off	\$0.00	\$118.77	\$118.77
Payment Total:	\$270.00	\$5,499.46	\$5,769.46

**Activity Summary:**

New patients/incidents:	Eeves, Serena	Division: IN NETWORK	Referred by: Boone, Peter
	Ikenis, Carrie	Division: IN NETWORK	Referred by: Bernstein, Richard
	Kere, Chuck	Division: IN NETWORK	Referred by: Etkin, Thomas
	Rnsky, Jean	Division: IN NETWORK	Referred by: Goldner, Stephen
	There were 4 new clients today.		
Discharged patients/incidents:	Opez, Donatila	Division: IN NETWORK	Status: Client Discontinued care
There was 1 discharged client today.			

**Billing Reconciliation:**

The following patients may be missing charges for today:

Client Name	Date	Provider	Incident Description
Onnor, Shannon	01/15/2009	Aristotle, Jean	Right Quad
Presement, Steven	01/15/2009	Patterson, Kirsty	Personal training

**Continuum**

100 Main Street  
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**Operations Summary**

Summary operations from 01/01/2009 to 01/15/2009  
For All Divisions and Location: BUFFALO

**Revenue Summary:**

Fee Code	Fee Description	Quantity	Total \$	% of Total
92526	Treatment of Swallowing Disfunction	3.00 unit(s)	\$360.00	0.60%
92610	Eval of Oral & Pharyngeal Swallowing	1.00 unit(s)	\$300.00	0.50%
97001	Physical Therapy Evaluation	25.00 unit(s)	\$6,875.00	11.50%
97002	Physical Therapy Re-Evaluation	2.00 unit(s)	\$550.00	0.92%
97004	Re-Evaluation Occupational Therapy	1.00 unit(s)	\$275.00	0.46%
97010	Hot/Cold Pack	36.00 unit(s)	\$1,080.00	1.81%
97012	Traction Mechanical	3.00 unit(s)	\$108.00	0.18%
97014	Electrical Stim - Unattended	26.00 unit(s)	\$1,092.00	1.83%
97016	Vasopneumatic Devices	3.00 unit(s)	\$144.00	0.24%
97035	Ultrasound	19.00 unit(s)	\$760.00	1.27%
97110	Ther Ex	317.00 unit(s)	\$27,579.00	46.13%
97112	Neuro ReEd / Taping	67.00 unit(s)	\$5,561.00	9.30%
97116	Gait Training / stair climbing	17.00 unit(s)	\$1,292.00	2.16%
97124	Massage Therapy (DO NOT USE Cigna/United)	5.00 unit(s)	\$275.00	0.46%
97140	Manual Therapy Techniques	183.00 unit(s)	\$12,078.00	20.20%
97530	Dynamic functional activities, Therapeutic Activities	15.00 unit(s)	\$1,275.00	2.13%
97535	ADL Self Care/Home Mgmt Training	1.00 unit(s)	\$60.00	0.10%
97760	Orthotics Management & Training	1.00 unit(s)	\$78.00	0.13%
G0283	Medicare unattended e-stim	1.00 unit(s)	\$42.00	0.07%

Revenue Total: # of unique clients: 87 \$59,784.00

**Provider & Attendance Summary:**

Provider	# New	# D/C	# of Visits	Revenue \$	\$ Collected	Avg \$ per Visit	# Cancelled	# No Show	% Cancelled & No Show
Amazon, Denis	1	0	2	\$521.00	\$46.54	\$260.50	0	0	
Aristotle, Jean	0	0	87	\$0.00	\$0.00		8	2	10%
Edwards, Bob	1	1	0	\$515.00	\$40.00		0	0	
Fishman, Lydia	0	0	10	\$0.00	\$0.00		0	0	
Glitter, Glenda	25	8	0	\$35,279.00	\$6,188.89		0	0	
Jeremy, Katie	0	1	0	\$0.00	\$0.00		0	0	
Keller, Beth	0	0	0	\$163.00	\$0.00		0	0	
Kellerman, Lisa	0	15	0	\$21,389.00	\$3,634.39		0	0	
Landers, Kris	0	0	3	\$1,257.00	\$171.98	\$419.00	1	1	40%
Loxsom, Carla	1	0	0	\$540.00	\$174.77		0	0	
Moneybag, Laurie	0	0	58	\$0.00	\$0.00		5	0	8%
Patterson, Kirsty	0	0	63	\$0.00	\$0.00		11	1	16%
Portman, Lucy	1	0	0	\$0.00	\$0.00		0	0	
Sampson, Nate	0	1	0	\$120.00	\$0.00		0	0	
Toronto, Tina	0	0	16	\$0.00	\$0.00		4	0	20%
Provider & Attendance Total:	29	26	239	\$59,784.00	\$10,256.57	\$250.14	29	4	19%

**Payment Summary:**

Payment Method	Amount	Age of Payment	Amount
Adjustment	\$44,683.57	Current	\$38,370.98
Cash	\$775.00	30 Days	\$17,378.23
Check	\$14,160.21	60 Days	\$1,301.16
Mastercard	\$1,030.00	90 Days	\$80.00
Visa	\$380.00	120+ Days	\$12,498.02
Write Off	\$9,265.38	Unapplied	\$665.77

Payment Method	Amount
Payment Total:	\$70,294.16

#### **Activity Summary:**

# of new patients / incidents	29 total	29 from Physicians
# of discharged patients / incidents	26 total	3 of Client Discontinued care 23 of Completed Treatment
# of active patients / incidents	175 total	18 of Others 1 of Hamden 127 of IN NETWORK 21 of MEDICAID 1 of Orthotics 7 of Workers Comp

Net Change: 3

#### **Unbilled Services:**

Division	Amount
Hamden	\$1,172.00
IN NETWORK	\$102,673.03
MEDICAID	\$14,938.77
Other	\$200.00
Workers Comp	\$406.12
Total:	\$119,389.92

#### **Aging Summary:**

Aging	Amount Due	% of Total
Current	\$56,029.28	73.96%
30 Days	\$13,300.61	17.56%
60 Days	\$12,471.92	16.46%
90 Days	(\$167.17)	-0.22%
120+ Days	(\$5,875.46)	-7.76%
Total Owing:	\$76,424.95	





## The InTouch Clinic

100 Main Street  
New York, NY, United States, 10100  
Phone: (212) 111-2222  
Fax: (212) 222-3333

## Provider Performance Summary

Performance summary from 01/01/2010 to 01/31/2010

For All Providers, and Location: Main

Provider Name	Ackie, Daniel	I lver, Herb	Totals/ Averages
Total Scheduled Visits	78	125	203
Total Scheduled Hours	158.50	236.00	394.50
Total Unscheduled Hours	88.75	147.25	236.00
Average Visits per Hour	0.41	0.49	0.46
Client Scheduled Hours	69.75	88.75	158.50
% Client Scheduled Hours	44.01%	37.61%	40.18%
# of New Clients	6	11	17
# of Discharged Clients	2	2	4
Change in Client Load	4	9	13
Cancels & No Shows	12	8	20
# of Actual Visits	65	116	181
% Cancel & No Show	15.38%	6.40%	9.85%
Revenue	\$10,960.00	\$18,090.00	\$29,050.00
Average Units/Visit	3.74	3.17	3.38
Average Revenue/Visit	\$168.62	\$155.95	\$160.50
Average Revenue/Hour	\$69.15	\$76.65	\$73.64
Insurance Revenue	\$9,964.50	\$14,736.50	\$24,701.00
Predicted Insurance Revenue	\$9,458.80	\$14,397.02	\$23,855.82
Insurance Collection to-date	\$1,865.57	\$4,634.79	\$6,500.36
Insurance Adjustments to-date	\$3,067.22	\$5,824.16	\$8,891.38
Insurance Collection %	19.72%	32.19%	27.25%
Client Revenue	\$995.50	\$3,353.50	\$4,349.00
Client Collection to-date	\$2,096.17	\$2,826.16	\$4,922.33
Client Adjustments to-date	\$0.00	\$599.32	\$599.32
Client Collection %	210.56%	84.27%	113.18%

**Continuum**

100 Main Street  
Buffalo, NY 10010  
Phone: (555) 555-5555  
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**Funding Report**

For All Payors as of 05/15/2009

For All Approval Status, All Providers, All Divisions, and Location: BUFFALO

Patient Name	Incident Description	Payor Name	Funding Information		1st Service Date	Visits	Charges
Ackson, Dorothy	Speech Therapy	Medicare Part "A" of New York	Total Authorized: 20 visits	Remaining: 20 visits	05/05/2009	0	\$324.00
Agostino, Thomas	OT sensory	BCBS Anthem (BCBSCT)	Total Authorized: \$4,000.00	Remaining: \$150.00	07/17/2008	0	\$3,850.00
			Until: 05/31/2009	Remaining: 3 weeks			
			Status: Pending approval				
Amia, Joseph	bilateral TKR	Orthonet Healthnet (ORTHOH)	Total Authorized: \$500.00	Remaining: (\$5,907.00)	09/14/2008	0	\$6,407.00
Arris, Jermaine	PT S/P "CIDP" Hospitalization	AETNA POS II (981106)	Total Authorized: 30 visits	Remaining: 30 visits	11/26/2007	0	\$18,515.48
Atella, Jill	Back Pain/Headaches	BCBS Anthem (BCBSCT)	Total Authorized: 30 visits	Remaining: 30 visits		0	\$0.00
Aviello, Anthony	Back Pain d/t fall @ work	Broadspire	Total Authorized: 10 visits	Remaining: 10 visits	12/03/2008	0	\$4,252.00
EPino, Robert	Right Heel Spur Syndrome	BCBS Anthem (BCBSCT)	Total Authorized: 20 visits	Remaining: 20 visits	12/02/2008	0	\$1,245.00
Ichkowski, Dawn	Rt. Foot	CIGNA Open Access (CGOPEN)	Total Authorized: 60 visits	Remaining: 60 visits		0	\$0.00
Iorillo, Ruth	Cervical Spine	BCBS Anthem (BCBSCT)	Total Authorized: 30 visits	Remaining: 30 visits		0	\$0.00
Nadler, Joe	New Incident	Acadia	Total Authorized: 30 visits	Remaining: 30 visits	04/23/2009	0	\$0.00
Onnor, Shannon	Right Quad	United HealthCare SBC (UHCSE)	Total Authorized: 40 visits	Remaining: 40 visits	11/26/2008	0	\$3,600.00
Presement, Steven	Personal training	Medicare Part "A" of New York	Total Authorized: \$1,830.00	Remaining: \$108.00	01/05/2009	0	\$1,722.00
	LOw back #2	BCBS Anthem (BCBSCT)	Total Authorized: 20 visits	Remaining: 20 visits		0	
Santewaa, Regina	Low Back Pain/Bulging Disc at L4/5 & L5/5	BCBS Federal (BCBSFD)	Total Authorized: 50 visits	Remaining: 50 visits	11/18/2008	0	\$791.00
<b>Total patients: 13</b>							



## Continuum

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## Revenue Report

Revenue taking place from 01/01/2009 to 01/31/2009

For All Providers, All Payors, All Clients, All Services, All Divisions, Location: BUFFALO, and  
All Users

Client	Service Date	Entry Date	Quantity	Duration (mins)	Fee Code	Fee Description	Provider	Responsible Party	Amount	Total
'Neil, George	File Number: 100922		Birthdate: 12/25/1942		Location: BUFFALO		Division: IN NETWORK			
	01/05/2009	01/06/2009	3.00 unit(s)		97140	Manual Therapy Techniques	Glitter, Glenda	Medicare Part "A"of New	\$198.00	\$198.00
	01/07/2009	01/08/2009	3.00 unit(s)		97140	Manual Therapy Techniques	Glitter, Glenda	Medicare Part "A"of New	\$198.00	\$198.00
	01/12/2009	01/13/2009	2.00 unit(s)		97140	Manual Therapy Techniques	Glitter, Glenda	Medicare Part "A"of New	\$132.00	\$132.00
	01/14/2009	01/15/2009	2.00 unit(s)		97140	Manual Therapy Techniques	Glitter, Glenda	Medicare Part "A"of New	\$132.00	\$132.00
	01/26/2009	01/27/2009	2.00 unit(s)		97140	Manual Therapy Techniques	Glitter, Glenda	Medicare Part "A"of New	\$132.00	\$132.00
	01/28/2009	01/29/2009	1.00 unit(s)		97110	Ther Ex	Glitter, Glenda	Medicare Part "A"of New	\$87.00	\$87.00
	01/28/2009	01/29/2009	1.00 unit(s)		97140	Manual Therapy Techniques	Glitter, Glenda	Medicare Part "A"of New	\$66.00	\$66.00
'Neil, George Totals:			14 unit(s)							\$945.00
Ablan, Rafael	File Number: 100951		Birthdate: 11/12/1964		Location: BUFFALO		Division: IN NETWORK			
	01/05/2009	01/06/2009	1.00 unit(s)		97001	Physical Therapy Evaluation	Glitter, Glenda	BCBS Federal (BCBSFD) Ablan, Rafael	\$255.00 \$20.00	\$275.00
	01/05/2009	01/06/2009	1.00 unit(s)		97140	Manual Therapy Techniques	Glitter, Glenda	BCBS Federal (BCBSFD)	\$66.00	\$66.00
	01/07/2009	01/08/2009	3.00 unit(s)		97140	Manual Therapy Techniques	Glitter, Glenda	BCBS Federal (BCBSFD) Ablan, Rafael	\$178.00 \$20.00	\$198.00
	01/14/2009	01/15/2009	2.00 unit(s)		97140	Manual Therapy Techniques	Glitter, Glenda	BCBS Federal (BCBSFD) Ablan, Rafael	\$112.00 \$20.00	\$132.00
	01/21/2009	01/22/2009	1.00 unit(s)		97112	Neuro ReEd / Taping	Glitter, Glenda	BCBS Federal (BCBSFD) Ablan, Rafael	\$63.00 \$20.00	\$83.00
	01/21/2009	01/22/2009	1.00 unit(s)		97140	Manual Therapy Techniques	Glitter, Glenda	BCBS Federal (BCBSFD)	\$66.00	\$66.00
	01/26/2009	01/27/2009	2.00 unit(s)		97140	Manual Therapy Techniques	Glitter, Glenda	BCBS Federal (BCBSFD) Ablan, Rafael	\$112.00 \$20.00	\$132.00
Ablan, Rafael Totals:			11 unit(s)							\$952.00
Acker, Deborah	File Number: 100971		Birthdate: 07/07/1958		Location: BUFFALO		Division: IN NETWORK			
	01/13/2009	01/14/2009	1.00 unit(s)		97001	Physical Therapy Evaluation	Glitter, Glenda	Medicare Part "A"of New	\$275.00	\$275.00
Acker, Deborah Totals:			1 unit(s)							\$275.00
Adowiecki, Deborah	File Number: 101006		Birthdate: 01/18/1952		Location: BUFFALO		Division: IN NETWORK			
	01/29/2009	01/30/2009	1.00 unit(s)		97001	Physical Therapy Evaluation	Glitter, Glenda	BCBS Anthem (BCBSCT) Adowiecki, Deborah	\$255.00 \$20.00	\$275.00
Adowiecki, Deborah Totals:			1 unit(s)							\$275.00
Adsen, Lois	File Number: 100877		Birthdate: 06/24/1929		Location: BUFFALO		Division: IN NETWORK			
	01/02/2009	01/05/2009	2.00 unit(s)		97110	Ther Ex	Kellerman, Lisa	Medicare Part "A"of New	\$174.00	\$174.00

Summary by Services	Fee Code	Fee Description	% of Total	Quantity	Duration	Total	Write-Down	Net Charge
	92526	Treatment of Swallowing Disfunction	0.60%	6.00 unit(s)		\$720.00		\$720.00
	92610	Eval of Oral & Pharyngeal Swallowing	0.50%	2.00 unit(s)		\$600.00		\$600.00
	97001	Physical Therapy Evaluation	9.47%	41.00 unit(s)		\$11,275.00		\$11,275.00
	97002	Physical Therapy Re-Evaluation	0.46%	2.00 unit(s)		\$550.00		\$550.00
	97004	Re-Evaluation Occupational Therapy	0.23%	1.00 unit(s)		\$275.00		\$275.00
	97010	Hot/Cold Pack	1.86%	74.00 unit(s)		\$2,220.00		\$2,220.00
	97012	Traction Mechanical	0.18%	6.00 unit(s)		\$216.00		\$216.00
	97014	Electrical Stim - Unattended	1.69%	48.00 unit(s)		\$2,016.00		\$2,016.00
	97016	Vasopneumatic Devices	0.32%	8.00 unit(s)		\$384.00		\$384.00
	97032	Electrical Stimulation - attended	0.05%	1.00 unit(s)		\$55.00		\$55.00
	97035	Ultrasound	1.55%	46.00 unit(s)		\$1,840.00		\$1,840.00
	97110	Ther Ex	49.97%	684.00 unit(s)		\$59,508.00		\$59,508.00
	97112	Neuro ReEd / Taping	8.09%	116.00 unit(s)		\$9,628.00		\$9,628.00
	97116	Gait Training / stair climbing	2.11%	33.00 unit(s)		\$2,508.00		\$2,508.00
	97124	Massage Therapy (DO NOT USE Cigna/United)	0.51%	11.00 unit(s)		\$605.00		\$605.00
	97140	Manual Therapy Techniques	19.90%	359.00 unit(s)		\$23,694.00		\$23,694.00
	97530	Dynamic functional activities, Therapeutic Activ	2.36%	33.00 unit(s)		\$2,805.00		\$2,805.00
	97535	ADL Self Care/Home Mgmt Training	0.05%	1.00 unit(s)		\$60.00		\$60.00
	97760	Orthotics Management & Training	0.07%	1.00 unit(s)		\$78.00		\$78.00
	G0283	Medicare unattended e-stim	0.04%	1.00 unit(s)		\$42.00		\$42.00
<b>TOTAL</b>	# of unique clients: 106 Total charges to clients: \$3,705.00 Total charges to payors: \$115,374.00			<b>1474 unit(s)</b>		<b>\$119,079.00</b>		<b>\$119,079.00</b>

Summary by Division	Code	Division	% of Total	Quantity	Total	Net Charge
			0.23%	1.00 unit(s)	\$275.00	\$275.00
	IN NET	IN NETWORK	97.09%	1439.00 unit(s)	\$115,615.00	\$115,615.00
	MEDICAID	MEDICAID	0.94%	7.00 unit(s)	\$1,123.00	\$1,123.00
	MEDICARE	Hamden	1.43%	24.00 unit(s)	\$1,706.00	\$1,706.00
	WORKERS	Workers Comp	0.30%	3.00 unit(s)	\$360.00	\$360.00
<b>TOTAL</b>					<b>\$119,079.00</b>	<b>\$119,079.00</b>

Summary by Ledger Accounts	Code	Ledger Account	% of Total	Total	Write-Down	Net Charge
	TREAT	Treatment Revenue	100.00%	\$119,079.00		\$119,079.00
<b>TOTAL</b>				<b>\$119,079.00</b>		<b>\$119,079.00</b>



# Continuum

100 Main Street  
Buffalo, NY 10010  
Phone: (555) 555-5555  
Fax: (555) 555-5555

## Revenue Trend Report

Revenue From January, 2009

For All Providers, All Services, All Divisions, and Location: BUFFALO

Fee Code & Description		Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Total	Average
92526	Treatment of Swallowing Disfur	720.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	720.00	60.00
92610	Eval of Oral & Pharyngeal Sw	600.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	600.00	50.00
97001	Physical Therapy Evaluation	11,275.00	2,475.00	2,475.00	900.00	600.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17,725.00	1,477.08
97002	Physical Therapy Re-Evaluation	550.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	550.00	45.83
97004	Re-Evaluation Occupational The	275.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	275.00	22.92
97010	Hot/Cold Pack	2,220.00	540.00	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,820.00	235.00
97012	Traction Mechanical	216.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	216.00	18.00
97014	Electrical Stim - Unattended	2,016.00	588.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,604.00	217.00
97016	Vasopneumatic Devices	384.00	48.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	432.00	36.00
97032	Electrical Stimulation - attendec	55.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	55.00	4.58
97035	Ultrasound	1,840.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,040.00	170.00
97110	Ther Ex	59,508.00	12,963.00	1,044.00	261.00	696.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	74,472.00	6,206.00
97112	Neuro ReEd / Taping	9,628.00	2,075.00	166.00	166.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,035.00	1,002.92
97116	Gait Training / stair climbing	2,508.00	304.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,812.00	234.33
97124	Massage Therapy (DO NOT USI	605.00	165.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	770.00	64.17
97140	Manual Therapy Techniques	23,694.00	5,412.00	990.00	0.00	66.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30,162.00	2,513.50
97530	Dynamic functional activities, TI	2,805.00	680.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,485.00	290.42
97535	ADL Self Care/Home Mgmnt Tr	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00	5.00
97760	Orthotics Management & Traini	78.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	78.00	6.50
G0283	Medicare unattended e-stim	42.00	126.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	168.00	14.00
PILATES	Pilates Session	0.00	0.00	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	4.17
PILATES-20	20-Pack Pilates	0.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00	16.67
PRIVATE PA\	private pay evaluation	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	8.33
PRIVATE PA\	private pay visit	0.00	0.00	50.00	300.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	350.00	29.17
<b>Totals</b>		19,079.00	25,876.00	4,835.00	1,627.00	1,362.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	152,779.00	12,731.58



# Continuum

100 Main Street  
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Phone: (555) 555-5555  
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## Payor Revenue Trend Report

Payor revenue from January, 2009  
For All Services, All Divisions, and Location: BUFFALO

Payor	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Total	Average
AARP Health Care Options (AARF	162.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	162.49	13.54
AETNA POS II (981106)	8,409.41	1,938.00	305.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10,652.41	887.70
AGIA	3,282.00	253.00	83.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,618.00	301.50
AIG	1,276.00	461.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,737.00	144.75
BC/BS National Accounts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BCBS Anthem (BCBSCT)	21,762.70	6,144.00	909.00	347.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	29,162.70	2,430.22
BCBS Federal (BCBSFD)	5,244.00	425.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,669.00	472.42
Blue Care Family Medicaid (BCF)	624.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	624.00	52.00
Broadspire	1,639.00	261.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,900.00	158.33
Cambridge Integrated Campus C	1,728.00	204.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,932.00	161.00
CIRMA (CIRMA)	753.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	753.00	62.75
Community Health Network	1,210.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,210.00	100.83
Engineers Union Local 478	86.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	86.24	7.19
Geico Insurance	1,786.00	681.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,467.00	205.58
Liberty Mutual	4,595.00	282.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,877.00	406.42
Medicaid of Connecticut (MCDCT	678.50	174.00	0.00	0.00	324.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,176.50	98.04
Medicare (Railroad) RMMCR	1,716.81	490.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,206.81	183.90
Medicare Part "A" of New York (N	24,280.59	4,485.00	894.00	920.00	848.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,427.59	2,618.97
Monumental Insurance (MONUM	25.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.37	2.11
Orthonet CIGNA (ORTHO)	10,038.00	1,371.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,409.00	950.75
Orthonet Healthnet (ORTHOH)	11,546.00	3,559.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,105.00	1,258.75
Orthonet Oxford	1,540.00	271.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,811.00	150.92
Oxford Health Plans	2,508.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,508.00	209.00
PMA Management Corp of New E	675.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	675.00	56.25
State Farm	2,737.00	1,450.00	500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,687.00	390.58
UMR	0.00	275.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	275.00	22.92
United Healthcare (choiceplus)	3,996.00	971.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,967.00	413.92
United HealthCare SBC (UHCSBC	1,358.00	561.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,919.00	159.92
Wausau Benefits Inc (WAUBEN)	121.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	121.00	10.08
Yale-New Haven Benefits Office	520.00	235.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	755.00	62.92
<b>Totals</b>	<b>114,298.11</b>	<b>24,491.00</b>	<b>2,691.00</b>	<b>1,267.00</b>	<b>1,172.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>143,919.11</b>	<b>11,993.26</b>



## Continuum

100 Main Street  
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## Treatment Statistics Report

From 01/01/2009 to 01/15/2009

For All Providers, All Referrals, All Divisions, and Location: BUFFALO

Patient Name	Incident Description	Provider	Injury Date	<-> Days	Contact Date	<-> Days	Assessed Date	Discharged Date	Discharge Code	# of Visits	Treatment Total \$	Treatment Weeks
Acker, Deborah	Fx Pelvis	Glitter, Glenda	11/06/2008	63	01/08/2009	5	01/13/2009	01/14/2009	COMP	2	\$275.00	0.14
Adsen, Lois	B/L Hand Numbness/Neck Pain	Kellerman, Lisa	11/10/2008	0	11/10/2008	14	11/24/2008	01/09/2009	DISC	13	\$2,857.00	6.57
Alazzo, Marilyn	Left Heel Pain	Kellerman, Lisa	10/28/2008	0	10/28/2008	2	10/30/2008	01/08/2009	COMP	11	\$2,432.00	10.00
Allo, Marianita	Neck and Right Arm	Glitter, Glenda	11/17/2008	0	11/17/2008	3	11/20/2008	01/14/2009	COMP	5	\$1,219.00	7.85
Araquin, Gina	Low Back Pain	Glitter, Glenda	10/07/2008	0	10/07/2008	2	10/09/2008	01/14/2009	COMP	20	\$2,751.00	13.85
Arent, Annabelle	Heel Spur, Plantar Fascitis	Kellerman, Lisa	10/13/2008	0	10/13/2008	3	10/16/2008	01/07/2009	COMP	17	\$3,338.00	11.85
Cker, Mildred	Right Knee Pain	Glitter, Glenda	12/02/2008	0	12/02/2008	7	12/09/2008	01/08/2009	COMP	6	\$1,295.00	4.28
Ehetre, Donna	Rt. Pectoral Muscle	Kellerman, Lisa	09/25/2008	7	10/02/2008	0	10/02/2008	01/07/2009	COMP	12	\$1,649.00	13.85
Eid, Diane	Back	Kellerman, Lisa	08/27/2008	1	08/28/2008	5	09/02/2008	01/08/2009	COMP	6	\$1,480.00	18.28
Entura, Thomas	Right Leg	Kellerman, Lisa	08/05/2008	0	08/05/2008	2	08/07/2008	01/08/2009	COMP	13	\$2,997.00	22.00
Ercado, Michael	Left Ankle Sprain	Glitter, Glenda	11/17/2008	1	11/18/2008	0	11/18/2008	01/08/2009	COMP	1	\$450.00	7.28
Erez, Darlene	Left Knee Pain	Glitter, Glenda	10/29/2008	1	10/30/2008	6	11/05/2008	01/08/2009	COMP	29	\$5,152.00	9.14
Erreira, Jose	Gait/Balance Training	Kellerman, Lisa	09/10/2008	0	09/10/2008	41	10/21/2008	01/13/2009	COMP	6	\$771.00	12.00
Haw, Chappelle	Right Ankle	Kellerman, Lisa	10/17/2008	13	10/30/2008	-1	10/29/2008	01/06/2009	COMP	5	\$1,502.00	9.85
Ichardson, Sandra	Lower Back Pain	Kellerman, Lisa	08/18/2008	0	08/18/2008	2	08/20/2008	01/02/2009	COMP	23	\$4,940.00	19.28
Larke, Arthur	Back Pain/C-Spine Sprain	Kellerman, Lisa	11/17/2008	3	11/20/2008	4	11/24/2008	01/08/2009	COMP	4	\$956.00	6.42
Ohnson, O'Brien	L A-C sprain	Glitter, Glenda	11/14/2008	0	11/14/2008	8	11/22/2008	01/14/2009	COMP	1	\$357.00	7.57
Opez, Donatila	Lumbar Laminectomy	Edwards, Bob	10/20/2006	14	11/03/2006	12	11/15/2006	01/15/2009	DISC	14	\$3,913.20	113.14
Opez, Segundo	Knee	Kellerman, Lisa	10/23/2008	0	10/23/2008	4	10/27/2008	01/13/2009	COMP	5	\$1,357.00	11.14
Pain, Sean	Shoulder	Kellerman, Lisa	07/17/2008	27	08/13/2008	20	09/02/2008	01/07/2009	DISC	32	\$10,126.00	18.14
Rewer, Alton	Back Pain	Kellerman, Lisa	06/24/2008	97	09/29/2008	3	10/02/2008	01/08/2009	COMP	8	\$938.00	14.00
Rown, Barbara	Back Pain	Kellerman, Lisa	07/31/2008	4	08/04/2008	2	08/06/2008	01/13/2009	COMP	24	\$6,102.00	22.85
Uckingham, Brittany	Speech Delay	Sampson, Nate	06/19/2008	1	06/20/2008	10	06/30/2008	01/13/2009	COMP	20	\$3,660.00	28.14
Unter, Patrick	Left ankle sprain	Glitter, Glenda	10/24/2008	4	10/28/2008	0	10/28/2008	01/07/2009	COMP	5	\$1,405.00	10.14
Urby, Donna	B/L Heel Spur Syndrome	Jeremy, Katie	08/26/2008	0	08/26/2008	14	09/09/2008	01/08/2009	COMP	12	\$2,010.00	17.28
Urrows, Gilbert	Gait/Balance Training	Kellerman, Lisa	11/25/2008	0	11/25/2008	9	12/04/2008	01/07/2009	COMP	13	\$2,023.00	4.85
<b>Averages for the 26 patients listed above are:</b>				<b>9.08</b>		<b>6.81</b>				<b>11.81</b>	<b>\$2,536.74</b>	<b>16.15</b>

Summary by Discharge Code	Discharge Code & Description	# of Patients	%
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Summary by Discharge Code	Discharge Code & Description		# of Patients	%
	COMP	Completed Treatment	23	88.46
	DISC	Client Discontinued care	3	11.54
<b>TOTAL</b>			<b>26</b>	<b>100.00</b>

Summary by Diagnosis	Diagnosis Code & Description	Type	Total # of Patients	Total # of Treatments	Total \$ of Treatment	Average # of Treatment	Average \$ per patient
	315.39	Diagnostic	1	20	\$3,660.00	20	\$3,660.00
	354.0	Diagnostic	1	13	\$2,857.00	13	\$2,857.00
	717.7	Diagnostic	1	5	\$1,357.00	5	\$1,357.00
	719.41	Diagnostic	1	32	\$10,126.00	32	\$10,126.00
	719.45	Diagnostic	1	23	\$4,940.00	23	\$4,940.00
	719.46	Diagnostic	2	35	\$6,447.00	17.5	\$3,223.50
	719.47	Diagnostic	3	33	\$7,272.00	11	\$2,424.00
	719.57	Diagnostic	1	13	\$2,997.00	13	\$2,997.00
	719.7	Diagnostic	6	53	\$10,840.00	8.83	\$1,806.67
	722.10	Diagnostic	1	14	\$3,913.20	14	\$3,913.20
	722.4	Diagnostic	1	13	\$2,857.00	13	\$2,857.00
	723.1	Diagnostic	3	15	\$3,655.00	5	\$1,218.33
	724.1	Diagnostic	1	12	\$1,649.00	12	\$1,649.00
	724.2	Diagnostic	8	105	\$21,851.20	13.13	\$2,731.40
	724.3	Diagnostic	1	8	\$938.00	8	\$938.00
	726.19	Diagnostic	1	5	\$1,219.00	5	\$1,219.00
	726.5	Diagnostic	1	23	\$4,940.00	23	\$4,940.00
	726.73	Diagnostic	3	40	\$7,780.00	13.33	\$2,593.33
	728.71	Diagnostic	2	22	\$4,695.00	11	\$2,347.50
	736.81	Diagnostic	1	13	\$2,997.00	13	\$2,997.00
	780.79	Diagnostic	1	8	\$938.00	8	\$938.00
	781.2	Diagnostic	3	32	\$5,791.00	10.67	\$1,930.33
	781.3	Diagnostic	1	13	\$2,023.00	13	\$2,023.00
	808.49	Diagnostic	1	2	\$275.00	2	\$275.00
	840.8	Diagnostic	1	1	\$357.00	1	\$357.00
	845.00	Diagnostic	2	10	\$2,907.00	5	\$1,453.50
	845.09	Diagnostic	1	1	\$450.00	1	\$450.00
	847.1	Diagnostic	1	12	\$1,649.00	12	\$1,649.00
	847.2	Diagnostic	1	6	\$1,480.00	6	\$1,480.00





## Continuum

100 Main Street  
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## Compensation Report

Services taking place from 05/01/2009 to 05/15/2009  
For All Providers, All Services, All Divisions, and Location: BUFFALO

Client	Service Date	Entry Date	Quantity	Duration (mins)	Fee Code	Fee Description	Provider	Expense Ledger	Service Amount	Compens Amount	Margin Amount
Ablan, Rafael	05/15/2009	05/15/2009	1.00 unit(s)		97001	Physical Therapy Evaluation	Patterson, Kirsty		\$200.00	\$80.00	\$120.00
	05/15/2009	05/15/2009	1.00 unit(s)		97002	Physical Therapy Re-Evaluation	Patterson, Kirsty		\$275.00	\$20.00	\$255.00
	05/15/2009	05/15/2009	1.00 unit(s)		97110	Ther Ex	Patterson, Kirsty		\$87.00	\$10.00	\$77.00
Ablan, Rafael Totals:				0 mins					\$562.00	\$110.00	\$452.00
Aher, Patricia	05/01/2009	05/15/2009	1.00 unit(s)		97001	Physical Therapy Evaluation	Patterson, Kirsty		\$200.00	\$80.00	\$120.00
	05/01/2009	05/15/2009	2.00 unit(s)		97110	Ther Ex	Patterson, Kirsty		\$174.00	\$10.00	\$164.00
	05/06/2009	05/15/2009	2.00 unit(s)		97110	Ther Ex	Patterson, Kirsty		\$174.00	\$10.00	\$164.00
	05/08/2009	05/15/2009	2.00 unit(s)		97110	Ther Ex	Patterson, Kirsty		\$174.00	\$10.00	\$164.00
	05/11/2009	05/15/2009	1.00 unit(s)		97002	Physical Therapy Re-Evaluation	Patterson, Kirsty		\$275.00	\$20.00	\$255.00
	05/11/2009	05/15/2009	2.00 unit(s)		97110	Ther Ex	Patterson, Kirsty		\$174.00	\$10.00	\$164.00
Aher, Patricia Totals:				0 mins					\$1,171.00	\$140.00	\$1,031.00
<b>GRAND TOTAL</b>				<b>0 mins</b>					<b>\$1,733.00</b>	<b>\$250.00</b>	<b>\$1,483.00</b>

Summary by Services	Fee Code	Fee Description	% of Total	Quantity	Duration (mins)	Service Amount	Compens Amount	Margin Amount
	97001	Physical Therapy Evaluation	64.00%	2.00 unit(s)		\$400.00	\$160.00	\$240.00
	97002	Physical Therapy Re-Evaluation	16.00%	2.00 unit(s)		\$550.00	\$40.00	\$510.00
	97110	Ther Ex	20.00%	9.00 unit(s)		\$783.00	\$50.00	\$733.00
<b>TOTAL</b>						<b>\$1,733.00</b>	<b>\$250.00</b>	<b>\$1,483.00</b>

Summary by Ledger Accounts	Code	Ledger Account	% of Total	Service Amount	Compens Amount	Margin Amount
			100.00%	\$1,733.00	\$250.00	\$1,483.00
<b>TOTAL</b>				<b>\$1,733.00</b>	<b>\$250.00</b>	<b>\$1,483.00</b>

**Continuum**

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**Compensation Report**

Services taking place from 05/01/2009 to 05/15/2009  
For All Providers, All Services, All Divisions, and Location: BUFFALO

Client	Service Date	Entry Date	Quantity	Duration (mins)	Fee Code	Fee Description	Provider	Expense Ledger	Compens Amount
Ablan, Rafael	05/15/2009	05/15/2009	1.00 unit(s)		97001	Physical Therapy Evaluation	Patterson, Kirsty		\$80.00
	05/15/2009	05/15/2009	1.00 unit(s)		97002	Physical Therapy Re-Evaluation	Patterson, Kirsty		\$20.00
	05/15/2009	05/15/2009	1.00 unit(s)		97110	Ther Ex	Patterson, Kirsty		\$10.00
Ablan, Rafael Totals:				0 mins					\$110.00
Aher, Patricia	05/01/2009	05/15/2009	1.00 unit(s)		97001	Physical Therapy Evaluation	Patterson, Kirsty		\$80.00
	05/01/2009	05/15/2009	2.00 unit(s)		97110	Ther Ex	Patterson, Kirsty		\$10.00
	05/06/2009	05/15/2009	2.00 unit(s)		97110	Ther Ex	Patterson, Kirsty		\$10.00
	05/08/2009	05/15/2009	2.00 unit(s)		97110	Ther Ex	Patterson, Kirsty		\$10.00
	05/11/2009	05/15/2009	1.00 unit(s)		97002	Physical Therapy Re-Evaluation	Patterson, Kirsty		\$20.00
	05/11/2009	05/15/2009	2.00 unit(s)		97110	Ther Ex	Patterson, Kirsty		\$10.00
Aher, Patricia Totals:				0 mins					\$140.00
<b>GRAND TOTAL</b>				<b>0 mins</b>					<b>\$250.00</b>

Summary by Services	Fee Code	Fee Description	% of Total	Quantity	Duration (mins)	Compens Amount
	97001	Physical Therapy Evaluation	64.00%	2.00 unit(s)		\$160.00
	97002	Physical Therapy Re-Evaluation	16.00%	2.00 unit(s)		\$40.00
	97110	Ther Ex	20.00%	9.00 unit(s)		\$50.00
<b>TOTAL</b>						<b>\$250.00</b>

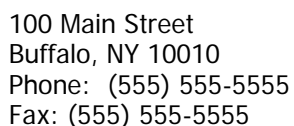
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Buffalo, NY 10010  
Phone: (555) 555-5555  
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**Physician Appointment Tracking Report**

Physician Appointments from 03/01/2009 to 04/30/2009  
For All Providers, All Divisions, and Location: BUFFALO

Patient Name & Incident Description	Next Visit Date	Physician Information	Division & Location	Therapist
<b>Presement, Steven</b> Personal training	03/01/2009	<b>Smith, David</b> Phone: (555) 555-5555 Fax: (555) 555-5555	IN NETWORK  BUFFALO	Edwards, Bob
<b>Ikenis, Carrie</b> Left Elbow/Bicep Pain	03/03/2009	<b>Bernstein, Richard</b> Phone: (555) 555-5555 Fax: (555) 555-5555	IN NETWORK  BUFFALO	Glitter, Glenda
<b>Eto, John</b> Neck Pain	03/12/2009	<b>Holt, Elizabeth</b> Phone: (555) 555-5555 Fax: (555) 555-5555	IN NETWORK  BUFFALO	Glitter, Glenda
<b>Utley, Kathy</b> B/L Elbow Pain/B/L Knee Pain <i>Discharged on 01/23/2009</i>	04/14/2009	<b>Roach, Barbara</b> Phone: (555) 555-5555 Fax: (555) 555-5555	IN NETWORK  BUFFALO	Glitter, Glenda



04/01/2009 - 05/31/2009

**Continuum**

100 Main Street  
Buffalo, NY 10010  
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Fax: (555) 555-5555

**Invoice #19672****Invoice Date: 05/15/2009**

**Issued to:** Ablan, Rafael  
396 Union Ave.  
Buffalo, NY  
06516

**Transactions since last invoice:**

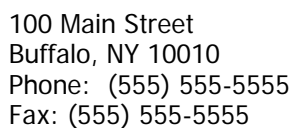
Date of Service	Description	Provider Name & Registration Info	Total Fee/ Payment	Your Portion
	Balance forward			\$0.00
04/10/2009	Therapy Visit	Patterson, Kirsty, PTA	\$75.00	\$75.00
04/14/2009	Therapy Visit	Patterson, Kirsty, PTA	\$75.00	\$75.00
04/15/2009	Therapy Visit	Amazon, Denis, #1831252873	\$75.00	\$75.00
05/15/2009	Payment by Check	#444	(\$150.00)	(\$150.00)

Total of new charges: **\$225.00**

Total payment received: **\$150.00**

**Next visit:** Tue, May 19 12:30pm with Patterson, Kirsty

**PLEASE PAY THIS AMOUNT: \$75.00**



04/01/2009 - 05/31/2009



## Continuum

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## Resource Day at-a-Glance

For Aristotle, Jean on Monday, January 05, 2009

### Day at a Glance for Aristotle, Jean

11:30 am	<b>Angello, Laurie (Neck Sprain/Strain) File #: 100900 Confirmed! Home: (555) 555-5555 Work: (555) 555-5555 Division: II</b>
12:00 pm	<b>Staff Meeting</b>
12:30 pm	Staff Meeting (Continued)
01:00 pm	<b>Orbally, Cheryl (Right Shoulder/Left Leg) File #: 100829 Home: (555) 555-5555 Work: (555) 555-5555 Division: IN NETW</b> Left message-jr
01:30 pm	Orbally, Cheryl (Continued)
02:00 pm	<b>Aselli, Andrew (Balance/Gait Training) File #: 100911 Confirmed! Home: (555) 555-5555 Work: (555) 555-5555 Division:</b> Aselli, Andrew's responsibility is \$10.00 per day.
02:30 pm	<b>Admin</b>
03:00 pm	<b>Ee, Robert (Upper Back Pain) File #: 100887 Confirmed! Home: (555) 555-5555 Work: (555) 555-5555 Division: IN NETW</b>
03:30 pm	<b>EPino, Robert (Right Heel Spur Syndrome) File #: 100903 Confirmed! Home: (555) 555-5555 Work: (555) 555-5555 Divis</b> BCBS Anthem (BCBSCT) will cover this client for 20 more visit(s). EPino, Robert's responsibility is \$20.00 per day.
04:00 pm	
04:30 pm	
05:00 pm	<del><b>Ittingham, John (Left Shoulder Tendonitis) File #: 100949 Confirmed! Home: (555) 555-5555 Work: (555) 555-5555 Divis</b></del>
05:30 pm	<del>Ittingham, John (Continued)</del>
06:00 pm	
06:30 pm	<b>Unn, John (Achilles Tendon) File #: 100915 Confirmed! Home: (555) 555-5555 Work: (555) 555-5555 Division: IN NETW</b> Unn, John's responsibility is \$10.00 per day.
07:00 pm	<b>Erez, Darlene (Left Knee Pain) File #: 100854 Confirmed! Home: (555) 555-5555 Work: (555) 555-5555 Division: IN NETV</b>
07:30 pm	<b>Admin</b>

**Continuum**

100 Main Street  
Buffalo, NY 10010  
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**Resource Day Sheets**

For All Resources on Monday, January 05, 2009

**Day Sheets for Aristotle, Jean**

Time	Client Name	Client Phone	Duration	Comments
11:30 am	<b>Angello, Laurie</b> <b>(Neck Sprain/Strain)</b> <b>File #: 100900</b> <b>Confirmed!</b> <b>Division: IN NETWORK</b>	H: (555) 555-5555 W: (555) 555-5555	30 mins	
12:00 pm	<b>Staff Meeting</b>		60 mins	
01:00 pm	<b>Orbally, Cheryl</b> <b>(Right Shoulder/Left Leg)</b> <b>File #: 100829</b> <b>Division: IN NETWORK</b>	H: (555) 555-5555 W: (555) 555-5555	60 mins	Left message-jr
02:00 pm	<b>Aselli, Andrew</b> <b>(Balance/Gait Training)</b> <b>File #: 100911</b> <b>Confirmed!</b> <b>Division: IN NETWORK</b>	H: (555) 555-5555 W: (555) 555-5555	30 mins	Aselli, Andrew's responsibility is \$10.00 per day.
02:30 pm	<b>Admin</b>		30 mins	
03:00 pm	<b>Ee, Robert</b> <b>(Upper Back Pain)</b> <b>File #: 100887</b> <b>Confirmed!</b> <b>Division: IN NETWORK</b>	H: (555) 555-5555 W: (555) 555-5555	30 mins	
03:30 pm	<b>EPino, Robert</b> <b>(Right Heel Spur Syndrome)</b> <b>File #: 100903</b> <b>Confirmed!</b> <b>Division: IN NETWORK</b>	H: (555) 555-5555 W: (555) 555-5555	30 mins	BCBS Anthem (BCBSCT) will cover this client for 20 more visit(s). EPino, Robert's responsibility is \$20.00 per day.
05:00 pm	<del><b>Hittington, John</b></del> <del><b>(Left Shoulder Tendonitis)</b></del> <del><b>File #: 100949</b></del> <del><b>Confirmed!</b></del> <del><b>Division: IN NETWORK</b></del>	<del>H: (555) 555-5555</del> <del>W: (555) 555-5555</del>	<del>60 mins</del>	
06:30 pm	<b>Unn, John</b> <b>(Achilles Tendon)</b> <b>File #: 100915</b> <b>Confirmed!</b> <b>Division: IN NETWORK</b>	H: (555) 555-5555 W: (555) 555-5555	30 mins	Unn, John's responsibility is \$10.00 per day.
07:00 pm	<b>Erez, Darlene</b> <b>(Left Knee Pain)</b> <b>File #: 100854</b> <b>Confirmed!</b> <b>Division: IN NETWORK</b>	H: (555) 555-5555 W: (555) 555-5555	30 mins	
07:30 pm	<b>Admin</b>		30 mins	



**Continuum**

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**Patient Fall-Off Report**

Patients who have not attended since 06/16/2009

Ignore patient whose last visit date is before 01/01/2008

For Provider: Amazon, Denis, All Divisions, and Location: BUFFALO

Client Name	Incident Description	Provider	Phone Number	Last Attended	# Days Attend	# Days No Show	# Days Cancel	Charges
Adowiecki, Deborah	Cervical/Radiculopathy	Amazon, Denis	(714) 555-8888	04/22/2009	5	1	0	\$1,172.00
Atz, Sheldon	Brachial Plexus Injury/Left Arm	Amazon, Denis	(555) 555-5555	01/23/2009	4	0	0	\$859.00
EPino, Robert	Right Heel Spur Syndrome	Amazon, Denis	(555) 555-5555	01/26/2009	7	0	1	\$1,385.00
Ubin, Elsie	Occupational Tx	Amazon, Denis	(555) 555-5555	01/08/2008	5	0	0	\$824.00
<b>Total Number of Clients: 5</b>								



## Continuum

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## Billing Sheets

Provider: **Patterson, Kirsty**

Appointment date: 05/15/2009

Client: **Walker, Grace (Low back pain)**

Appointment time: 09:00 am for 60 minutes

H: (714) 999-8888

Arr: \_\_\_\_ : \_\_\_\_ Dep: \_\_\_\_ : \_\_\_\_ Dur: \_\_\_\_

Primary Diagnostic Information: \_\_\_\_\_

Injury date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ☐ Gradual Onset

Secondary Diagnostic Information: \_\_\_\_\_

### Comments:

- \_\_\_\_ units of 95831 MMT Extremity/Trunk
- \_\_\_\_ units of 95832 MMT Hand
- \_\_\_\_ units of 95833 MMT Body
- \_\_\_\_ units of 95851 ROM Extremity/Trunk
- \_\_\_\_ units of 95852 ROM Hand
- \_\_\_\_ units of 96110 Developmental testing
- \_\_\_\_ units of 97001 Physical Therapy Evaluation
- \_\_\_\_ units of 97002 Physical Therapy Re-Evaluation (use 59 if trt done same visit )
- \_\_\_\_ units of 97003 Occupational Therapy Evaluation
- \_\_\_\_ units of 97004 Re-Evaluation Occupational Therapy
- \_\_\_\_ units of 97010 Hot/Cold Pack
- \_\_\_\_ units of 97012 Traction Mechanical (use 59 if performed 97018)
- \_\_\_\_ units of 97014 Electrical Stim - Unattended
- \_\_\_\_ units of 97016 Vasopneumatic Devices (use 59 if performed 97018)
- \_\_\_\_ units of 97018 Paraffin Bath (use 59 if performed 97140)
- \_\_\_\_ units of 97022 Whirlpool (use 59 if performed 97112)
- \_\_\_\_ units of 97032 Electrical Stimulation - attended
- \_\_\_\_ units of 97033 Iontophoresis (Do not use with Aetna)
- \_\_\_\_ units of 97035 Ultrasound
- \_\_\_\_ units of 97110 Ther Ex (use 59 if performed 97760)
- \_\_\_\_ units of 97112 Neuro ReEd / Taping (use 59 if performed 97022,97760)
- \_\_\_\_ units of 97116 Gait Training / stair climbing (use 59 if performed 97530,97660)
- \_\_\_\_ units of 97124 Massage Therapy (DO NOT USE Cigna/United) ( CAN NOT BILL with 97018,97660)
- \_\_\_\_ units of 97140 Manual Therapy Techniques (use 59 if performed 97530,97018,97760)
- \_\_\_\_ units of 97530 Dynamic functional activities, Therapeutic Activities (use 59 if performed 97116,97535,97550,97532,97140)
- \_\_\_\_ units of 97535 ADL Self Care/Home Mgmt Training (use 59 if performed 97530)
- \_\_\_\_ units of 97537 Work/Community Reintegration Training
- \_\_\_\_ units of 97542 Wheelchair Management
- \_\_\_\_ units of 97602 Debridement
- \_\_\_\_ units of 97760 Orthotics Management & Training (use 59 if performed 97110,97112,97116,97124,97140,97762)
- \_\_\_\_ units of 97761 Prosthetic Training (use 59 if performed 97762)
- \_\_\_\_ units of 97762 Orthotic/Prosthetic check out (use 59 if performed 97760,97761)
- \_\_\_\_ units of DISCHARGE Discharge
- \_\_\_\_ units of G0283 Medicare unattended e-stim
- \_\_\_\_ units of L3020 Foot Orthotic Molded to Model
- \_\_\_\_ units of L3675 Shoulder Brace

**Continuum**

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**UPCOMING APPOINTMENTS FOR  
Yu, William**

Appointment Date and Time	Provider
Friday, May 15, 2009 at 10:30 am	Kirsty Patterson
Friday, May 22, 2009 at 10:30 am	Kirsty Patterson
Friday, May 29, 2009 at 10:30 am	Kirsty Patterson

**Continuum**

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**Appointment Search Results**

Date	Time	Client/Description	File#	Phone	Resource(s)	Status
Wednesday, October 15, 2008	10:00 am	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Kellerman, Lisa	Complete
Thursday, October 16, 2008	11:30 am	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Fishman, Lydia	Complete
Wednesday, October 22, 2008	08:30 am	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Kellerman, Lisa	Complete
Friday, October 24, 2008	11:00 am	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Kellerman, Lisa	Complete
Tuesday, October 28, 2008	09:00 am	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Kellerman, Lisa	Complete
Thursday, October 30, 2008	09:30 am	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Patterson, Kirsty	Complete
Thursday, November 06, 2008	02:00 pm	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Aristotle, Jean	Arrived
Monday, November 10, 2008	09:30 am	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Patterson, Kirsty	Complete
Monday, November 17, 2008	09:00 am	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Patterson, Kirsty	Arrived
<b>Notes:</b> <i>Already paid copay for this appointment on 11/10-jr</i>						
Friday, December 12, 2008	10:00 am	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Kellerman, Lisa	Complete
Friday, December 19, 2008	10:00 am	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Fishman, Lydia	Arrived
Tuesday, December 23, 2008	10:00 am	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Patterson, Kirsty	Complete
Tuesday, January 06, 2009	12:30 pm	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Patterson, Kirsty	Arrived
Friday, January 16, 2009	02:00 pm	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Patterson, Kirsty	Arrived
Thursday, January 22, 2009	11:30 am	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Patterson, Kirsty	Arrived
Friday, January 30, 2009	02:00 pm	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Patterson, Kirsty	Arrived
Tuesday, March 03, 2009	08:30 am	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Aristotle, Jean	Pending
Friday, March 20, 2009	08:00 am	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Patterson, Kirsty	Cancelled
Monday, March 30, 2009	01:30 pm	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Patterson, Kirsty	Pending
Wednesday, April 22, 2009	03:30 pm	Olphin, William	100809	(555) 555-5555 (H); (555) 555-5555 (W)	Toronto, Tina	Pending
<b>Appointment Status Summary: Pending - 3, Arrived - 7, Complete - 9, Cancelled - 1</b>						

**Continuum**

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**Client Attendance Report**

Attendance by last visit date from 01/01/1981 to 05/15/2009  
For Provider: Edwards, Bob, All Divisions, and Location: BUFFALO

Client Name	Incident	Division	Provider	Initial Visit Date	Referring Physician	# Visits to Date	Last Visit Date	# of Future Appointments
Ipka, Emma	Right Ankle Sprain	IN NETWORK	Edwards, Bob	01/13/2009	Zell, Richard	0	01/23/2009	0
Ollinger, Paul	Left Knee/Torn Meniscus/Mi	IN NETWORK	Edwards, Bob	11/04/2008	Gibson, David	11	02/03/2009	0
Patient, Joe	Low back	IN NETWORK	Edwards, Bob	04/22/2009	Smith, David	2	04/22/2009	2
Pilates, Joe	Pilates	Orthotics	Edwards, Bob	02/10/2009	Abeles, Micha	1	03/03/2009	0
Presement, Steven	Personal training	IN NETWORK	Edwards, Bob	01/05/2009	Smith, David	7	05/06/2009	5
Therton, Lorrie	Right Elbow Fx	IN NETWORK	Edwards, Bob	12/19/2008	Schachter, Aaron	8	02/02/2009	0
There were 6 patients listed.								



## Continuum

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## Office Day at-a-Glance

For All Providers on Monday, January 05, 2009

Time	Patterson, Kirsty	Toronto, Tina	Aristotle, Jean	Moneybag, Laurie
07:00 am				
07:30 am				
08:00 am	Owers, Mary Ellen Left Shoulder Pain/Neck/Left Knee/B/L Hand Pain	Unavailable		Ablan, Rafael (C) Cervical Sprain/B/L Foot Pain
08:30 am		Unavailable (Continued)		Ablan, Rafael (C) (Continued)
09:00 am	Berempt, Gary (C) Right Shoulder	Unavailable (Continued)		
09:30 am		Unavailable (Continued)		Esaulniers, Robin (C) Right Knee Pain
10:00 am		Unavailable (Continued)		Hapdelaine, KC (C) Left Ankle 3rd Degree Sprain
10:30 am		Unavailable (Continued)		Hapdelaine, KC (C) (Continued)
11:00 am		Unavailable (Continued)		
11:30 am	Iarleglio, Nancy Back Pain/Sciatica	Unavailable (Continued)	Angello, Laurie (C) Neck Sprain/Strain	'Neil, George Low Back Pain
12:00 pm	Staff Meeting	Unavailable (Continued)	Staff Meeting	Staff Meeting
12:30 pm	Staff Meeting (Continued)	Unavailable (Continued)	Staff Meeting (Continued)	Staff Meeting (Continued)
01:00 pm	Orzelt, Glen Left Shoulder Muscle Strain	Unavailable (Continued)	Orbally, Cheryl Right Shoulder/Left Leg	Egso, Ilona (C) Left Hip Pain
01:30 pm	Linton, Walter (C) Left Impingement Syndrome	Unavailable (Continued)	Orbally, Cheryl (Continued)	Egso, Ilona (C) (Continued)
02:00 pm	Ollinger, Paul Left Knee/Torn Meniscus/Microfx Surgery	Unavailable (Continued)	Aselli, Andrew (C) Balance/Gait Training	<del>Aher, Betty</del> Left Shoulder to Elbow
02:30 pm			Admin	<del>Aher, Betty</del> (Continued)



## Continuum

100 Main Street  
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## Resource Week at-a-Glance

For All Resources from Monday, Jan 05, 2009 to Sunday, Jan 11, 2009

### Week at a Glance for Patterson, Kirsty

Time	Mon, January 05	Tue, January 06	Wed, January 07	Thu, January 08	Fri, January 09
08:00 am	Owers, Mary Ellen Left Shoulder Pain/Neck/Left Knee/B/L Hand Pain				Owers, Mary Ellen Left Shoulder Pain/Neck/Left Knee/B/L Hand Pain
08:30 am					Berempt, Gary Right Shoulder
09:00 am	Berempt, Gary Right Shoulder				
09:30 am					Iddle, Nancy Left Leg Femur Fx
10:00 am					<del>Yrd, Tamika</del> <del>Rt. Shoulder</del>
10:30 am					Utley, Kathy B/L Elbow Pain/B/L Knee Pain
11:00 am			Owers, Mary Ellen Left Shoulder Pain/Neck/Left Knee/B/L Hand Pain		
11:30 am	Iarleglio, Nancy Back Pain/Sciatica	Utley, Kathy B/L Elbow Pain/B/L Knee Pain			Iarleglio, Nancy Back Pain/Sciatica
12:00 pm	Staff Meeting		Admin		Lunch
12:30 pm	Staff Meeting (Continued)	Olphin, William Right Knee Revision	Lunch		Admin
01:00 pm	Orzelt, Glen Left Shoulder Muscle Strain		Orzelt, Glen Left Shoulder Muscle Strain		
01:30 pm	Linton, Walter Left Impingement Syndrome				
02:00 pm	Ollinger, Paul Left Knee/Torn Meniscus/Microfx Surgery	Dmans, Charlotte Right Wrist/Colle Fx			Ollinger, Paul Left Knee/Torn Meniscus/Microfx Surgery
02:30 pm		Ubelbank, Marian Right Leg		Admin	<del>Adsen, Lois</del> <del>B/L Hand Numbness/Neck Pain</del>
03:00 pm		Admin		Lunch	<del>Ubelbank, Marian</del> <del>Right Leg</del>
03:30 pm	Rowley, Nicholas DDD/L5-S1	Lunch	Gata, Mary Josephine Lumbar Strain		Ohnson-Duggins, Shonequa Neck Strain
04:00 pm	Admin	WH Community House	<del>Rowley, Nicholas</del> <del>DDD/L5-S1</del>	Owen, Liza Left Knee Pain	Admin

**Continuum**

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**Contact Log Follow-Up Report**

Follow-Up date from 01/01/1990 to 05/15/2009  
All Categories

Client Name	Note Date	Category	User	Comment	Follow-Up Date	Completed
Ournier, Wilfred	04/01/2009	Collections	intouch	Call insurer re \$\$\$ - told \$ would be sent in one week	04/10/2009	
Ournier, Wilfred	04/10/2009	Collections	intouch	\$\$ still not rec'd - called back - will be cut on the 15th	04/25/2009	
Ournier, Wilfred	05/01/2009	Collections	intouch	Still not \$\$\$ - call back, waiting for supervisor call	05/03/2009	
Presement, Steven	03/03/2009	Collections	intouch	Spoke to adjuster, promised \$\$ in one week	03/10/2009	



**Continuum**

100 Main Street  
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**Reminder List Report**

Next occurrence on Friday, May 15, 2009

Reminder Message	Next Reminder Time	Recurrence	Entered by
turn off coffee machine	Friday, May 15, 2009 12:20 pm	Once only	Self

**Continuum**

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Buffalo, NY 10010  
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**Progress Note Status Report**

Date from 01/01/2009 to 01/02/2009

Provider Name	Client Name	Incident Description	Service Date	Note Status
Glitter, Glenda	Alardi, Doris	Low Back Pain	01/02/2009	Incomplete
	Angello, Laurie	Neck Sprain/Strain	01/02/2009	Incomplete
	Aselli, Andrew	Balance/Gait Training	01/02/2009	Incomplete
	Auro, Ann	Right Knee Replacement/Spine DDD	01/02/2009	Incomplete
	Aviello, Anthony	Back Pain d/t fall @ work	01/02/2009	Incomplete
	Ee, Robert	Upper Back Pain	01/02/2009	Incomplete
	Ichardson, Sandra	Right Shoulder Pain	01/02/2009	Incomplete
	Ollinger, Paul	Left Knee/Torn Meniscus/Microfx Surgery	01/02/2009	Incomplete
	Ones, Paul	Right TKR	01/02/2009	Incomplete
	Owland, Sharese	Lower Back Pain	01/02/2009	Incomplete
	Rereton, Thomas	Lumbar Sprain	01/02/2009	Incomplete
	Utler, Harvey	Left THR	01/02/2009	Incomplete
Keller, Beth	Yc, John	Balance/Gait Training	01/02/2009	Incomplete
Kellerman, Lisa	Adsen, Lois	B/L Hand Numbness/Neck Pain	01/02/2009	Incomplete
	Iarleglio, Nancy	Back Pain/Sciatica	01/02/2009	Incomplete
	Iddle, Nancy	Left Leg Femur Fx	01/02/2009	Incomplete
	Rasier, Andrea	Left Foot Plantar Fascitis	01/02/2009	Incomplete
	Rowley, Nicholas	DDD/L5-S1	01/02/2009	Incomplete
	Therton, Lorrie	Right Elbow Fx	01/02/2009	Incomplete
	Ubelbank, Marian	Right Leg	01/02/2009	Incomplete
	Umiatti, Marguerite	Left Ankle PTTD	01/02/2009	Incomplete
Landers, Kris	Orrissey, Mary Jane	Right Shoulder	01/02/2009	Incomplete



## The InTouch Clinic

100 Main Street  
New York, NY, United States, 10100  
Phone: (212) 111-2222  
Fax: (212) 222-3333

## PROGRESS NOTE

Client Name: **ALI SH, David**  
File Number: **KALDA000**  
Provider: **Mr. Herb I lver, PT, MBA, DSc, ECS, OCS**  
Service Date: **02/17/2010** Visit #: **9**

Time in: **09:00 am** Time out: **09:55 am**  
Treatment duration: **50 minutes**

### Incident: Neck/shoulder/upper back pain

Gender: **Male**  
Birth Date: **08/15/1939**

Referral Date:  
Assessment Date: **01/19/2010**

Physician: **Sloan, Reuben**  
Phone: **(404) 847-9999**  
Fax: **(404) 459-3706**

Diagnosis: **739.1 Cervical Spine Joint Dysfunction**  
**739.4 Sacroiliac Region Segmental Dysfunction**  
**524.60 TMJ SYNDROME**

### Subjective:

Similar to prior visit but notes that symptoms more localized to right suboccipital region and right upper trap---very localized, "not the whole area like it used to be". Low back--"one spot right gluteal region comes and goes, better with exercise, worse with sitting/reclining and reading". Better with walking, elliptical. No problems with HEP- reports it actually helps some. Symptoms are increased with inactivity. Low back symptoms come and go as well, usually less intense than neck symptoms. Overall, all symptoms have decreased in terms of intensity, area and duration. Add Deep Cervical Flexor facilitation; Assess benefit from US/phono to right SCM/cervical mult if no improvement

### Objective:

Lumbar AROM: 5/5 3 inches from floor (pull in calf muscles, nothing in back). ext- 5/5 "little pull right [cluneal nerve] region". right SB- "not bad", left SB- 4 inches above midline of knee (little pull right cluneal N spot)  
Cervical AROM: left rot- 65/65 right rot- 68/73, flex 48, ext 53 (identical to last visit except flexion 10 degrees less--may be measurement error between testers).  
Palpation: right upper trap +, right scalenes -, right levator -, and right glute max/cluneal N +/- (minor discomfort after SI mobilizations)  
Joint mobility: right cervical facet dysfunction, bilateral moderate to severe thoracic and lumbar facet dysfunction vs. DJD, right SI joint dysfunction  
TREATMENT:  
Manual Therapy: 30 minutes: Arthropraxic technique to noted hypomobile cervical facets. (stenosis protocol (arthropraxic mobilization to noted hypomobile joints, bilateral thoracic mobilization to increase extension, bilateral lumbar mobilization to increase flexion, bilateral mobilization of hips to increase extension). soft tissue/trigger point massage/positional release to bilateral cervical and thoracic region after US phonophoresis  
Therapeutic Exercise: 20 minutes: Exercises performed as noted on flow sheet. Reviewed independent home program. contract/relax to adductors, hamstrings, gluteals, subscapular release bilaterally); trial in clinic of DCF  
Ultrasound phonophoresis with ketoprofen x 15 minutes at 1.5 wtt/cm<sup>2</sup> 20% duty cycle (7-10 minutes each to right upper trap and right suboccipitals and combined with electrical stimulation to right upper trap

### Assessment:

1. Right sided Cervical facet dysfunction- loosens up but difficult to assess due to DJD--improved AROM
2. Right Thoracic, and Lumbar facet dysfunction- loosened up well
2. Right SI joint dysfunction- loosens well with mobilization
4. Right glute max/cluneal N MTrP- decreasing in intensity, improved after treatment (noticeable after SI mobilizations, but relieved with simple walking and brief STM)
5. Right SCM/mastoid/cervical multifidi MTrP- decreased intensity and seemed to get good relief with US phono but will reassess

### Plan:



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## PROGRESS NOTE

Client Name: **ALI SH, David**  
File Number: **KALDA000**  
Provider: **Mr. Herb Ilver, PT, MBA, DSc, ECS, OCS**  
Service Date: **02/17/2010** Visit #: **9**

Time in: **09:00 am** Time out: **09:55 am**  
Treatment duration: **50 minutes**

### Incident: Neck/shoulder/upper back pain

Gender: **Male**  
Birth Date: **08/15/1939**

Referral Date:  
Assessment Date: **01/19/2010**

Physician: **Sloan, Reuben**  
Phone: **(404) 847-9999**  
Fax: **(404) 459-3706**

Diagnosis: **739.1 Cervical Spine Joint Dysfunction**  
**739.4 Sacroiliac Region Segmental Dysfunction**  
**524.60 TMJ SYNDROME**

Follow up next week with Dr. Sloan. Patient will be seen 1-2 times per week for exercise progression, modalities, and manual therapy. Decrease frequency of visits while monitoring response.

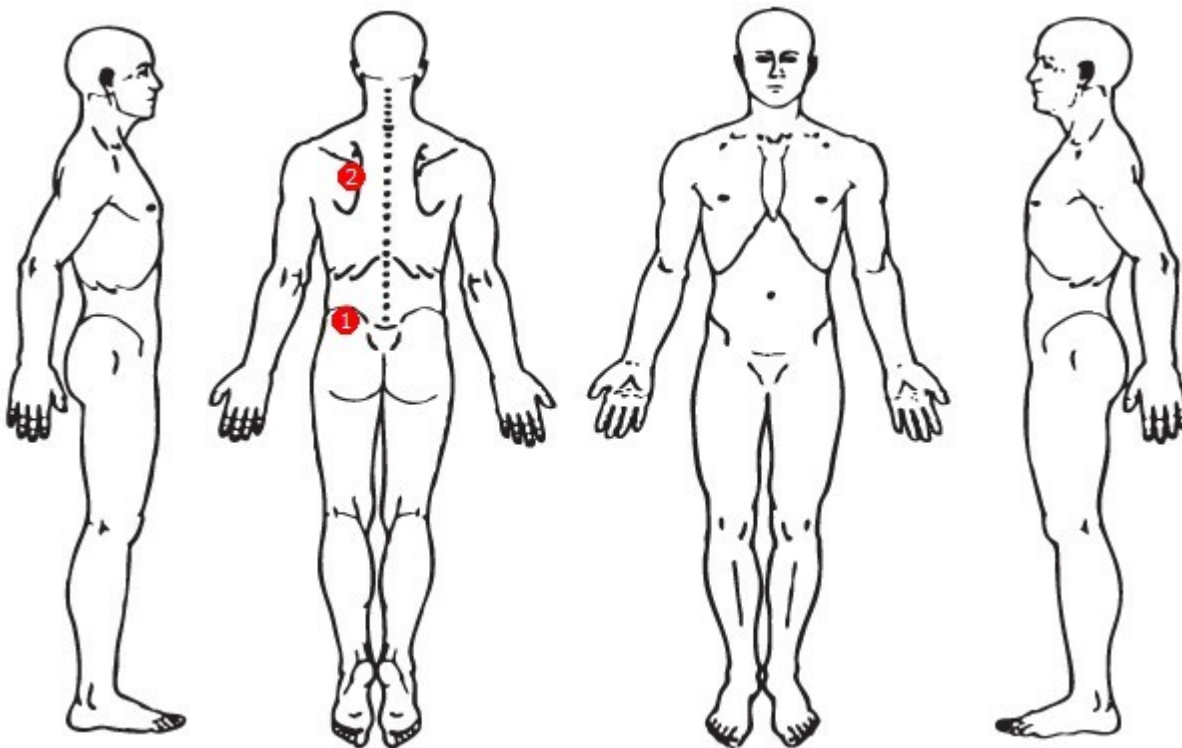
### Services:

97032	Electrical Stimulation - Attended	1 unit/12 mins
97110	Ther Ex	1 unit/13 mins
97140	Manual Therapy Techniques	2 units/25 mins

### Goals:

Description	Met	Met Date	Met %	Comments	Term	Goal Began
- Full range of motion in the lower back			40%		Short Term	01/01/2009
- Full range of motion in the left shoulder			20%		Short Term	01/01/2009
- Return to ADL			60%	good progress!	Short Term	01/01/2009

### Body Chart:



#	Pain Level	Nature of Symptom	How Often	Symptom Description
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## PROGRESS NOTE

Client Name: **ALI SH, David**  
File Number: **KALDA000**  
Provider: **Mr. Herb I lver, PT, MBA, DSc, ECS, OCS**  
Service Date: **02/17/2010** Visit #: **9**

Time in: **09:00 am** Time out: **09:55 am**  
Treatment duration: **50 minutes**

### Incident: Neck/shoulder/upper back pain

Gender: **Male** Referral Date: Physician: **Sloan, Reuben**  
Birth Date: **08/15/1939** Assessment Date: **01/19/2010** Phone: **(404) 847-9999**  
Fax: **(404) 459-3706**

Diagnosis: **739.1 Cervical Spine Joint Dysfunction**  
**739.4 Sacroiliac Region Segmental Dysfunction**  
**524.60 TMJ SYNDROME**

#	Pain Level	Nature of Symptom	How Often	Symptom Description
1	3	Dull Ache	Frequently 51-75%	
2	4	Sharp	Occasionally 26-50%	When client reaches too far

Provider Name:

*Herb I lver, PT, MBA, DSc, ECS, OCS*

**Mr. Herb I lver, PT, MBA, DSc, ECS, OCS**

NPI #: **1720061062**

Electronically signed on 05/25/2012 at 22:13



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**Physical/Occupational Therapy Evaluation**

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**Client Name:** ALISH, David**File # :** KALDA000**Evaluation Date:** 01/19/2010**DOB:** 08/15/1939**Gender:** Male**Diagnostic Codes:**

- (ICD: 739.1) Cervical Spine Joint Dysfunction
- (ICD: 739.4) Sacroiliac Region Segmental Dysfunction
- (ICD: 524.60) TMJ SYNDROME

**Referring Physician:** Reuben Sloan, MD

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**History of Diagnosis:** Patient reports chronic pain in the right trapezius that extends up the neck and behind the right ear. The patient has had 3 sets of trigger point injections, the latest of which was last week which included some injections along the posterior neck musculature. According to the patient, these injections provided moderate relief. In addition, the patient has been having a dull ache in the right jaw since summer 2009 (had a root canal on the right side that took about 2 months to get over). He also notes that he recently had a root canal on the left side which he recovered from very quickly. The patient has had imaging studies done on the right jaw/tooth, and the results are normal, according to the patient. He has been wearing a mouthguard for the last 5 years. The patient also reports having right sided low back pain (L4-L5) for the last 10 years, and has received epidurals for this pain within the last 2 years. Since May 2009, he reports that he has had no back pain until the last 3 weeks.

**Chief Complaint:** Pain in the right trapezius

**PMH/PSH:** See Medical History form for specific information on patient's past medical history and past surgical history. This form has been reviewed by the Physical Therapist. Of relevance:  
Pacemaker implantation and AV node ablation - 2008  
Cardiac Catheter ablations for A-fib, 4 times 2006-2007  
Prior epidural injections for low back pain - 2008 and 2009

**Complications/Precautions:** Pacemaker

**Medications:** See the Medical History form for a list of Medications the patient is currently taking. This list was verified by the patient and has been reviewed by the Physical Therapist.

**Location of pain/symptoms:** Aching in the right upper trapezius and posterior neck

Aching in the right jaw

Aching in the right lower back

Bilateral foot numbness

3

Best: 1

Worst: 4

**Nature of pain:** Constant**What makes pain/Symptoms worse?** golfing, swimming, lifting weights

**What makes pain/Symptoms better?** rest, medications (some)

**Palpation:** Tenderness noted in right upper trapezius, and right cervical multifidi

**Sensation:** Intact

Patient reports bilateral numbness in the feet

<b>Reflexes:</b>	<b>Right</b>	<b>Left</b>		<b>Right</b>	<b>Left</b>
Biceps	2+	2+	Patella	2+	2+
Triceps	2+	2+	Achilles	2+	2+
Brachioradialis	2+	2+			

**Special Tests/Imaging**

Weight: 204 lbs Height: 5'10" BM: 29

BP (sitting): 118/78 HR 64

MMT in bilateral upper extremities C4-T2 WNL

Joint mobility testing: Right > left cervical facet dysfunction limiting extension and rotation,

MMT: WNL including heel walking, toe walking, unilateral squat and myotomes L2-S1 WNL

Joint mobility testing (Arthropraxic): bilateral thoracic facet dysfunction limiting extension; right thoracic facet dysfunction limiting rotation right SI joint dysfunction (positive external rotation test positive on right > left, knee lift positive on right).

Functional instability (lumbar AROM-negative; prone leg lift-not tested)-negative

Straight leg raise--negative

Ankle Clonus: negative

Hoffman's: negative

**Functional Outcome Tests:**

<b>Description</b>	<b>Score</b>
Fear Avoidance Beliefs-Physical	17/24
Neck Index	29/100
Upper Extremity DASH	39

**Problem List:** Hypomobility in Involved Joints, Palpable Tenderness in Involved Area, Pain Restricting Function

**Assessment:** 1. Cervical, thoracic, and lumbar facet dysfunction  
2. Sacroiliac joint dysfunction  
3. Myofascial trigger points

**Precautions/Contraindications:** Pacemaker

**Client's Stated Goals:** No pain in neck

Improve TMJ if possible

Relieve tightness

**Short Term Goals:**

1. Patient will be independent in an exercise program for noted deficits in 4 weeks.
2. Patient will demonstrate normal spinal mobility in 5 weeks.
3. Patient will have an average pain level of less than or equal to 2/10 in 4 weeks.
4. Patient will not have jaw symptoms greater than or equal to 4/7 days per week in 5 weeks.

**Long Term Goals:**

1. Patient will golf 9 holes without increasing symptoms in 10 weeks.
2. Patient will return to independent resistance program without increasing symptoms in 10 weeks.
3. Patient will swim 20 laps without increasing symptoms in 10 weeks.

**Treatment Plan:** Patient was educated in the findings of the evaluation and the therapist's assessment of their diagnosis. The therapist discussed the goals and plan of care with the patient and the patient verbally agreed with the established goals and plan of care. All patient questions were answered at the time of the evaluation. Treatment may include manual therapy (joint mobilization, soft tissue mobilization, intramuscular dry needling); therapeutic exercise for range of motion, muscle facilitation/neuromuscular re-education, and strengthening; modalities of ultrasound, ultrasound phonophoresis, short wave diathermy, Anodyne monochromatic infrared therapy.

Today's intervention: manual therapy (Arthropraxic mobilization of noted hypomobile joints)-20 minutes; specific exercise instruction (see exercise log)—15 minutes

Pain was assessed prior to the initiation of patient therapy and a follow up plan was discussed with the patient as to the treatment goals and treatment plan and how they will potentially reduce the amount of pain the patient is presently experiencing.

**Frequency 1-2 visits per week for 10 weeks**

**Rehabilitation Potential:** Good

**Provider Name:**

Daniel Ackie, PT

Daniel Ackie, PT

**Date:** 01/19/2010

**Physician Name:**

Reuben Sloan, MD, NPI # 1952399768  
Phone: (404) 847-9999; Fax: (404) 459-3706

**Date:** \_\_\_\_\_



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**CERVICAL EVALUATION**

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**Client Name:** Adequate, Marilyn**Evaluation Date:** 09/12/2008**DOB:** 06/17/1970**Gender:** Female**Primary Diagnosis:** Broken Pelvis**(ICD: 299.0)****Secondary Diagnosis:** Broken Spine**(ICD: 310.2)****Referral Source:** Yellow Pages**Onset Date:** 03/24/2008**History of Diagnosis:** History**Chief Complaint:** Complaint**PMH/PSH:** Previous**Complications/Precautions:** Precautions**Medications:** Meds**Location of pain/symptoms:** Locations**Has it spread:** No**Pain Level (0-10):** Now: 1 Best: Worst: 6

**Nature of pain:** Intermittent

**Pain worse in the:** AM

**What makes pain/Symptoms worse?** Worse

**What makes pain/Symptoms better?** Better

**Have you had this pain before?** No

**Have you had treatment for this pain before?** No

**Discipline:** PT

**Was it helpful?** No

**Does the pain awaken you from sleep?** No

**How many Pillows:** 1

**Positions:** Upright

**Occupation/job requirements:** Sitting, standing, walking

**Last date of work:** 09/12/2008

**Prior functional status:** Prior status

**Gait/Assistive Device:** None

Posture	Standing	Supine	Prone	Sitting
Head	Superior			
Shoulders	Superior			
Scapulas	Superior			
Clavicles	Superior			
Iliac Crests	Superior			
Greater Trochanters	Superior			
PSIS		Inferior		
ASIS		Inferior		
Sacral Sulci		I		
ILA		Inferior		
Ischeal Tuberosity		Inferior		
Fibula Head			Equal	
Medial Malleoli				W

Cervical	AROM	PROM	Resistance
Extension	10		Weak
Flexion	10		Weak

**Deviation During Movement:**  
None

**Repeated Cervical Flexion:** Symptomatic

**Repeated Cervical Extension:** Symptomatic

**Pain during movement:** No

**End range pain:** No

**Palpation:** Palpation

**Myotomes**

		Right	Left
(C1)	Cervical Rotation	1 Painful	2
(C2-4)	Shoulder Elevation	1 Painful	2
(C5)	Abduction	1 Painful	2
(C7)	Adduction	1 Painful	2 Painful
(C5-6)	Lateral Rotation	1 Painful	2 Painful
(C5-6)	Medial Rotation	1 Painful	2 Painful
(C5-6)	Elbow Flexion	1 Painful	2
(C7)	Elbow Extension	1 Painful	0
(C7)	Wrist Flexion	1 Painful	0
(C6)	Wrist Extension	1 Painful	0
(C8)	Ulnar Deviation	0 Painful	0
(C8)	Thumb Adduction	0 Painful	0
(C8)	Thumb Extension	0 Painful	0
(T1)	Finger Adduction	0 Painful	0

**Dermatomes**

		Right	Left	Reflexes	Right	Left
(C4)	Shoulder	Intact	Diminished	(C5-6) Brachioradialis	1+	1+
(C5)	Lat Arm	Intact	Diminished	(C5-6) Biceps	2+	1+
(C6)	Lat Thumb	Intact		(C7) Triceps	3+	3+
(C7)	Med 3 Digits	Intact				
(C8)	5th Digit	Intact				
(T1)	Med Forearm	Intact				
(T2)	Med Upper Arm	Intact				

**Coordination:** Upper extremity Slow

**Proprioception:** Intact

**Special Tests**

Alar Ligament: +  
Cervical Compression: +  
Spurling's Test: Right +  
Adson's Test Scalene: Right +  
Occiput-Atlas Nodding Test: Right +  
Dural Test - Passive Neck Flexion: +  
Romberg: + Clonus: Right +  
TMJ Screen: Right +

VBI: Right +  
Cervical Distraction: +  
Quadrant Test: Right +  
Costoclavicular: Right + Pecs Minor: Right +  
Atlas-Axis Rotation Test: +  
Passive Scapular Adduction: +  
Babinski: Right +

**Special Tests/Imaging Results:**

None

**Functional Outcome Tests:**

Description	Score
A1 test	10
B2 test	20

**Problem List:** Problems

**Assessment:** Assessment

**Adaptive Equipment Recommendation:** Equipment

**Short Term Goals:**

1. Short term goal
2. and more
3. and more


**Long Term Goals:**

1. Long term goal
2. and more
3. and more

**Treatment Plan:** Treatment plan info

**Rehabilitation Potential:** Good

**Discharge Plan:** We'll see!

**Therapist Name:**   
Kampbell, Laurie

**Date:** 09/02/2008

**Physician Name:** \_\_\_\_\_  
Pedden, Melissa

**Date:** \_\_\_\_\_

**cc:** Dr Jones  
Dr Smith

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**LUMBAR EVALUATION**

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**Client Name:** Adequate, Marilyn**Evaluation Date:** 09/12/2008**DOB:** 06/17/1970**Gender:** Female**Primary Diagnosis:** Broken Pelvis**(ICD: 299.0)****Secondary Diagnosis:** Broken Spine**(ICD: 310.2)****Referral Source:** Yellow Pages**Onset Date:** 03/24/2008**History of Diagnosis:** History**Chief Complaint:** Complaint**PMH/PSH:** Prev**Complications/Precautions:** Complications**Medications:** Medications**Location of pain/symptoms:** Pain**Has it spread:** Yes

All over.

**Pain Level (0-10):** Now: 3

Best: 1

Worst: 7

**Nature of pain:** Intermittent

**Pain worse in the:** AM

**What makes pain/Symptoms worse?** Worse

**What makes pain/Symptoms better?** Better

**Have you had this pain before?** No

**Have you had treatment for this pain before?** Yes

**Discipline:** PT

**Was it helpful?** No

**Does the pain awaken you from sleep?** No

**How many Pillows:** 2

**Positions:** Upright

**Occupation/job requirements:** Job

**Last date of work?** 09/12/2008

**Prior functional status:** Prior

**Gait/Assistive Device:** Cane

Posture	Standing	Supine	Prone	Sitting
Head	Superior			
Shoulders	Superior			
Scapulas	Superior			
Clavicles	Superior			
Iliac Crests		Inferior		
Greater Trochanters		Inferior		
PSIS		Inferior		
ASIS		Inferior		
Sacral Sulci			S	
ILA			Superior	
Ischeal Tuberosity			Superior	
Fibula Head				D
Medial Malleoli				D

**Lumbar AROM**

		Resistance
Extension	90	Weak Painful
Flexion	90	Weak Painful
Side bending Left	90	Strong Painless
Side bending Right	90	Strong Painless

**Deviation During Movement:**

None

**Repeated Cervical Flexion:** Symptomatic

**Repeated Cervical Extension:** Symptomatic

**Myotomes**

		Right	Left
(L2)	Hip Flexion	1 Painful	2 Painful

(L4)	Dorsiflexion	2 Painful	2 Painful
(L5,S1)	Eversion	3 Painful	0
(L4,L5)	EHL	4 Painful	0
(S1,S2)	Hip Extension	1 Painless	0
(L3)	Knee Flexion	1 Painless	0
(L5,S1)	Knee Extension	1 Painless	0

#### Reflexes

#### Dermatomes

#### Proprioception

(L4) Patella	R: 1+ L: 1+	(L3) Medial Thigh	R: Hypo L: Normal	Intact	R: No L: No
(S1) Achilles	R: 1+ L: 1+	(L4) Great Toe	R: Hypo L: Normal	Impaired	R: No L: No
		(L5) Mid 3 Toes	R: Hypo L: Normal	Absent	R: No L: No
		(S1) Last 2 Toes	R: Hypo L: Normal		

#### Special Tests

#### Right

#### Left

Hip/Knee Flexion	Positive	Negative
Passive Hip Rotation	Positive	Negative
SLR	Positive at 30 degrees	Negative at 60 degrees
Kernig	Positive	Negative
Lower Limb Tension Test	Positive	Negative
Slump Test	Positive	Negative
Pelvic Compression	Positive	Negative
Pelvic Distraction	Positive	Negative
Pelvic Rocking Test	Positive	Negative
Long Sit Test (Leg Length)	Positive	
Femoral Nerve Test	Positive	
Piriformis Test	Positive	
Faber Test	Positive	
Ober Test	Positive	
Standing Jump Test	Positive	
Trendelenburg	Positive	
Babinski	Positive	
Clonus	Positive	
Coughing	Positive	
Sneezing	Positive	
Bowel Movement Pain (Valsalva)	Positive	
Saddle Numbness	Positive	

#### Palpation/Observation

#### Yes

#### No

#### Where

Spasm	✓		Upper
Instability	✓		Lower
Capsular Pattern		✓	Middle
Painful Arc		✓	Wherever...
Spondylolisthesis		✓	
Single Segment	✓		
Multi Segment	✓		
Palpation	✓		
CPA		✓	

UPC		✓	
Skin Integrity		✓	

**Problem List:** Problem list

**Assessment:** Assessment info

**Adaptive Equipment Recommendation:** Equipment!

**Short Term Goals:**

1. Short term goals
2. and more
3. and more

**Long Term Goals:**

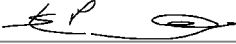
1. Long term goals
2. and more
3. and more

**Treatment Plan:** Treatment plan info in here!

**Frequency** 3 visits per for 8 weeks

**Rehabilitation Potential:** Excellent

**Discharge Plan:** Discharge info

**Therapist Name:**   
Kampbell, Laurie

**Date:** 09/23/2008

**Physician Name:** \_\_\_\_\_  
Pedden, Melissa

**Date:** \_\_\_\_\_

**cc:** Dr Smith





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### Re-Evaluation

**Client Name:** Arman, Charles

**File # :** HARDA000

**Evaluation Date:** 12/30/2009

**DOB:** 03/21/1934

**# of visits to-date:** 3

**Re-Evaluation Date:** 05/25/2012

**Gender:** Male

#### Diagnostic Codes:

(ICD: V43.65) Total Joint Replacement, Knee

(ICD: 726.60) Enthesopathy of knee

#### Current Objective & Functional Status:

Lumbar AROM 5/5 3 inches from floor (pull in calf muscles, nothing in back). ext- 5/5 "little pull right [duneal nerve] region". right SB-3' above midline of knee "not bad", left SB-5 inches above midline of knee (little pull right duneal N spot)  
Cervical AROM left rot- 73/73 right rot- 68/76, flex 53, ext 59 (increased prior to treatment).  
Palpation: right upper trap +, right scalenes -, right levator -, and right glute max/duneal N +/- (minor discomfort after SI mobilizations)

#### Subjective Status:

Patient reports good progress with respect to his/her rehabilitation program.

#### Updated Short Term Goals:

1. Appropriate exercises to address noted deficits in strength in hip abductors--4 visits
2. Increase in Lower Extremity Functional Scale by 10 points--2 months
3. Decrease pain in bilateral knees by 50% on standing from chair per patient report-2 months

#### Updated Treatment Plan:

Frequency 2 visits per week for 2 weeks

**Provider Name:**

*Herb L. Ilver, PT, MBA, DSc, ECS, OCS*

**Date:** 05/24/2012

Mr. Herb Ilver, PT, MBA, DSc, ECS, OCS

**Physician Name:**

**Date:**

**cc:** I agree that this plan of care is medically necessary for the above patient and approve this plan of care for physical therapy for the above time frame.

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**DISCHARGE SUMMARY****Client Name:** Adequate, Marilyn**Evaluation Date:** 09/12/2008**DOB:** 06/17/1970**Discharge Date:****Gender:** Female**Primary Diagnosis:** Broken Pelvis**(ICD: 299.0)****Secondary Diagnosis:** Broken Spine**(ICD: 310.2)**

<b><u>Evaluation Objective Findings:</u></b>  Patient still suffers from morning stiffness in the lower, right back. Sitting aggravates this but lying face down seems to alleviate the pain temporarily. Better as day goes on.	<b><u>Discharge Objective Findings:</u></b>  Pain is much better, but still evident.
<b><u>Resolved Functional Outcomes:</u></b>  Much less pain in the morning, greater mobility. Gait slightly improved.	<b><u>Unresolved Functional Outcomes:</u></b>  Still some stiffness in the morning and the gait requires improvement.

**Reason for Discharge:** Further treatment would not be of assistance.

<b>List Goals Met/Not Met:</b>	<b>Met</b>	<b>Not Met</b>
1. Less morning pain	✓	
2. Longer sitting period	✓	
3. Better gait	✓	

**Recommendations:** Continued morning stretching will help!**Home Exercise Program Issued:** Yes**Therapist Name:**   
Kampbell, Laurie**Date:** 09/09/2008**Physician Name:** \_\_\_\_\_  
Pedden, Melissa**Date:** \_\_\_\_\_**cc:** Dr Smith