

# Excel Rehabilitation: Anatomy of a Statement

**DOS** = Date of service. This is the day of the visit or charge.

**Service** = CPT Codes. A five-digit numeric code used by healthcare providers to describe medical, surgical, and diagnostic procedures and services for billing and documentation purposes. There is typically more than one CPT code per visit.

**Units** = a measure of quantity for services provided, such as the number of times a procedure is performed or the duration of a service

**Adj** = Adjustment. The portion of a medical bill that the healthcare provider agrees to write off, typically based on agreements with insurance companies. This reduces the amount that the

**Patient** = This is how much the patient has paid toward the balance or has been applied to the balance.

**Balance** = the amount of money that the patient is responsible for paying out-of-pocket for medical services. This can include copayments, deductibles, coinsurance, and any charges not covered by their insurance.

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT



**Account Balance Statement** - This invoice covers the period up to 05/16/2024. All fees payable to EXCEL REHABILITATION - VA, Tax ID#: 542056272, NPI: 1922091032

\*\* TO PAY YOUR BILL ONLINE PLEASE LOGIN TO YOUR CLIENT PORTAL VIA THERABILL. AN EMAIL WAS SENT TO YOUR EMAIL ADDRESS FOR ACCESS TO THIS FEATURE\*\*\*\*\* BILLING CODE DESCRIPTIONS: 97161-97164: INITIAL EVALUATIONS.. 97110 THERAPUTIC EXERCISE... 97140 MANUAL THERAPY... 97014 ELECTRICAL STIMULATION... 97035 ULTRASOUND... 97112 NUEROMUSCULAR RE-EDUCATION... 97350 THERAPUTICE ACTIVITIES

Client Name: [REDACTED]

Medical Record Number: [REDACTED]

**Finalized Charges** - Below are balances that are due. Each line shows a service performed. The balance is the original charge amount minus payments and adjustments applied to that service.

DOS	Service	Units	Charge	Adj	Ins	Patient	Balance
12/26/23	97112	1	70.00	41.18	0.00	0.00	28.82
12/26/23	97110	1	70.00	42.49	0.00	24.50	3.01
12/26/23	97140	1	70.00	51.33	0.00	0.00	18.67
01/09/24	97530.59	1	70.00	39.51	0.00	0.00	30.49
01/09/24	97112	1	70.00	41.18	12.45	5.00	11.37
01/11/24	97530.59	1	70.00	39.51	0.00	0.00	30.49
01/11/24	97112	1	70.00	41.18	19.31	0.00	9.51
01/15/24	No Show	1	90.00	0.00	0.00	0.00	90.00
01/29/24	97110	1	70.00	42.49	0.00	0.00	27.51
01/29/24	97140	1	70.00	44.36	13.15	0.00	12.49
01/31/24	97530.59	1	70.00	39.51	0.00	0.00	30.49
01/31/24	97112	1	70.00	41.18	19.31	0.00	9.51
02/05/24	97110	1	70.00	42.49	0.00	0.00	27.51
02/05/24	97140	1	70.00	44.36	13.15	0.00	12.49
<b>Total:</b>			<b>1000.00</b>	<b>550.77</b>	<b>77.37</b>	<b>29.50</b>	<b>342.36</b>

**Charge** = An unaltered amount that is charged to the insurer for services rendered. The insurance company then processes this charge according to the patient's policy terms.

**Ins** = Insurance Payment. The amount of money that the insurance company reimburses a healthcare provider for services rendered to the patient. This payment is typically based on negotiated rates between the provider and the insurance company, as well as the patient's coverage and any applicable deductibles, coinsurances, or copayments.

If you have any questions about your statement, please give us a call at 703-383-1616 opt 2. If you have questions regarding your health insurance coverage and patient responsibility, please call your health insurer and ask about the physical therapy benefits covered under your plan.