



The New Solution for Repetitive Strain

# Insurance Reimbursement Form

Patient Name _____	Phone _____
Address _____	_____
_____	_____

Provider _____	Ins. Carrier _____
Address _____	Provider Code _____
_____	_____
Phone _____	_____

- |   |  |
|---|--|
| <input type="checkbox"/> 354.0 Carpal Tunnel Syndrome<br><input type="checkbox"/> 715.01 Osteoarthritis-Shoulder<br><input type="checkbox"/> 715.02 Osteoarthritis-Upper Arm<br><input type="checkbox"/> 715.03 Osteoarthritis-Forearm<br><input type="checkbox"/> 715.04 Osteoarthritis-Hand<br><input type="checkbox"/> 718.5 Ankylosis of Joint<br><input type="checkbox"/> 719 Other unspecified disorders of Joint<br><input type="checkbox"/> 719.01 Effusion of Joint<br><input type="checkbox"/> 719.4 Pain in Joint<br><input type="checkbox"/> 719.5 Stiffness in Joint<br><input type="checkbox"/> 726.10 Rotator Cuff and Supraspinatus<br><input type="checkbox"/> 726.11 Calcifying Tendonitis<br><input type="checkbox"/> 726.30 Unspecified Enthesopathy of Elbow Region<br><input type="checkbox"/> 726.31 Medial Epicondylitis<br><input type="checkbox"/> 726.32 Lateral Epicondylitis<br><input type="checkbox"/> 726.33 Olecranon Bursitis<br><input type="checkbox"/> 726.4 Enthesopathy of Wrist and Carpus<br><input type="checkbox"/> 726.9 Enthesopathy of unspecified site | <input type="checkbox"/> 727.03 Trigger Finger<br><input type="checkbox"/> 727.04 Radial styloid tenosynovitis [deQuervain's disease]<br><input type="checkbox"/> 727.05 Other tenosynovitis of hand and wrist<br><input type="checkbox"/> 727.2 Occupational bursitides<br><input type="checkbox"/> 727.3 Other bursitis<br><input type="checkbox"/> 727.60 Tendon rupture (unspecified)<br><input type="checkbox"/> 727.61 Rotator Cuff – complete rupture<br><input type="checkbox"/> 727.62 Rupture tendons of biceps<br><input type="checkbox"/> 727.63 Rupture extensor tendons of hand and wrist<br><input type="checkbox"/> 727.64 Rupture flexor tendons of hand and wrist<br><input type="checkbox"/> 728.4 Laxity of ligament<br><input type="checkbox"/> 728.5 Hypermobility syndrom<br><input type="checkbox"/> 728.6 Contracture of Palmar Fascia [Dupuytren's Contracture]<br><input type="checkbox"/> 728.83 Rupture of Muscle (non-traumatic)<br><input type="checkbox"/> 728.85 Spasm of Muscle<br><input type="checkbox"/> 728.87 Muscle Weakness<br><input type="checkbox"/> 729.4 Unspecified Fasciitis<br><input type="checkbox"/> 729.5 Pain in Limb<br><input type="checkbox"/> 729.9 Other Symptoms referable to limbs<br><input type="checkbox"/> Other: _____ |
|---|--|

\_\_\_\_\_  
Prescribed By (please print name)

Signature: \_\_\_\_\_

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