

**Dart Medical Associates**  
**3495 Harris Street**  
**Eugene, Oregon 97405**  
**541-484-7202**

**Receipt Generated: April 3, 2017**

Joe Blow

<b>Date</b>	<b>Description</b>	<b>Price</b>	<b>Qty</b>	<b>Total</b>
2017-03-23	Migraine with aura, not intractable, without status migrainosus	0.00	1	0.00
	Autoimmune thyroiditis	0.00	1	0.00
	Mixed irritable bowel syndrome	0.00	1	0.00
	Postconcussional syndrome	0.00	1	0.00
	Segmental and somatic dysfunction of head region	0.00	1	0.00
	Segmental and somatic dysfunction of cervical region	0.00	1	0.00
	Segmental and somatic dysfunction of thoracic region	0.00	1	0.00
	Segmental and somatic dysfunction of lumbar region	0.00	1	0.00
	Segmental and somatic dysfunction of sacral region	0.00	1	0.00
	Segmental and somatic dysfunction of abdomen and other regions	0.00	1	0.00
	99213 OV Established Expanded [EEL-15]	114.00	1	114.00
	Osteopathic Manual Medicine (5-6 Regions)	121.00	1	121.00
	Segmental and somatic dysfunction of rib cage	0.00	1	0.00
	<b>Total Charges</b>			<b>\$ 235.00</b>

**Balance Due**\$  
235.00**Add:**

Facility Fax number. And label "phone" and "fax" numbers

Provider Name, NPI, TIN

Patient external ID number (or other identifier)

Column for Code (CPT or ICD-10) between Date Column and  
Description column

Rename "Date" column "Date of Service"

**Delete:**

Price and Quantity columns.

0.00 prices for ICD-10 diagnostic codes in the Total column.

**Add at bottom:**

Signature line with provider signature

Line at bottom reading: PLEASE REIMBURSE PATIENT.