

Coastal Physical Therapy & Rehab

PATIENT STATEMENT

4410 Bayshore Ct, Suite 210, Tampa, FL 33611
Office: (813) 555-0118

PATIENT

Maria L. Santos
2418 Palmetto Ridge Dr
Tampa, FL 33612
DOB: 04/17/1988

Account # CPT-30771
Statement date 05/14/2026
First visit 04/02/2026
Last visit 05/12/2026
Referred by Alan Whitfield, MD
Dx S13.4XXA, S39.012A

PLAN OF CARE

Cervical and lumbar strain after MVA
2x/week x 6 weeks
Therapist: J. Ramirez, DPT

CPT	DESCRIPTION	DATE	UNITS	RATE	AMOUNT
97110 / 97140	Therapeutic exercise + manual therapy	04/02/2026	2	\$115.00	\$230.00
97110 / 97140	Therapeutic exercise + manual therapy	04/07/2026	2	\$115.00	\$230.00
97110 / 97140	Therapeutic exercise + manual therapy	04/09/2026	2	\$115.00	\$230.00
97110 / 97140	Therapeutic exercise + manual therapy	04/14/2026	2	\$115.00	\$230.00
97110 / 97140	Therapeutic exercise + manual therapy	04/16/2026	2	\$115.00	\$230.00
97110 / 97140	Therapeutic exercise + manual therapy	04/21/2026	2	\$115.00	\$230.00
97110 / 97140	Therapeutic exercise + manual therapy	04/23/2026	2	\$115.00	\$230.00
97110 / 97140	Therapeutic exercise + manual therapy	04/28/2026	2	\$115.00	\$230.00
97110 / 97140	Therapeutic exercise + manual therapy	04/30/2026	2	\$115.00	\$230.00
97110 / 97140	Therapeutic exercise + manual therapy	05/05/2026	2	\$115.00	\$230.00
97110 / 97140	Therapeutic exercise + manual therapy	05/07/2026	2	\$115.00	\$230.00
97110 / 97140	Therapeutic exercise + manual therapy	05/12/2026	2	\$115.00	\$230.00

Total charges: \$2,760.00

Insurance payments: \$0.00

Adjustments: \$0.00

BALANCE DUE \$2,760.00

Visits: 12 of 12 attended. Lien / letter of protection on file: NO.
Questions? Call (813) 555-0118. A 1.5% monthly fee may apply to balances over 60 days.

Detach and return with payment

REMIT TO:

Coastal Physical Therapy & Rehab
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Tampa, FL 33611

Patient: Maria L. Santos
Account #: CPT-30771
Amount due: \$2,760.00
Amount enclosed: \$ _____