



**GURNEE
PODIATRY &
SPORTS MEDICINE
ASSOC.**

Treatment • Prevention • Rehabilitation

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PHYSICAL THERAPY BENEFIT VERIFICATION

Physical Therapy

Therapeutic massage can be very helpful to promote tissue healing, reduce muscle stresses, improve blood flow, and improve tissue pliability and energy flow. There are many various techniques that can be used for specific issues and in conjunction with other therapy or holistic treatments. We can incorporate it into a well-rounded sports rehab program for runners attempting to recover quickly enough to run a scheduled race.

Modalities

These are rehabilitative therapy treatments that can reduce pain, and swelling. They decrease inflammation, increase blood flow, and improve soft tissue elasticity and function. Different modalities can be used in the acute or chronic phases of injury or for post-surgical care.

Therapeutic/Flexibility Exercises

Flexibility varies from person to person. Even slight improvement will help to decrease the rate of injury. It is important to do flexibility exercises regularly. Our Doctors offer full rehabilitation and conditioning treatment programs. We can help the everyday athlete, the budding dancer, or the assembly line worker; improve their strength, balance and flexibility to prevent further issues.

*****If your insurance company does not cover this treatment, please ask us about payment options*****

Diagnosis

Achilles/Bursitis: Right (M76.61) Left (M76.62) **AT Tendinitis:** Right (M76.811) Left (M76.112) **Capsulitis:** M77.9

Chondromalacia Patellae: Right (M22.41) Left (M22.42) **ITB:** Right (M76.31) Left (M76.32) **LBP:** (M54.5)

Lower Limb Pain: Right (M79.661) Left (M79.662) **Metatarsalgia:** Right (M77.41) Left (M77.42) **Myofascitis:** (M79.1)

PT. Tendinitis: Right (M76.51) Left (M76.52) **Piriformis:** (G57.01) **Plantar Fasc.** (M72.2) **Post Tib:** Right (M76.821) Left

(M76.822) **Sciatica:** (M54.16) **Shin Splints:** (S86.891D) **Strain/Sprain**

Ankle: _____

Strain/Sprain FT: Right (S93.621) Left (S93.622) **Tenosynovitis:** Right (M65.871) Left (M65.872)

Other: _____

Therapy Type:

97140-Myofascial Release/Manual Therapy

97035-Ultrasound

97110-Therapeutic Exercise

97033-Iontophoresis

97112-Neuromuscular Re-Education

97032-Electric Stim/Combo

95831-Muscle Test

97026-Laser

97530-Therapeutic Activities

97010-Hot/Cold Packs

Other: _____

Questions for your insurance company... (Provide our NPI# 1831385574 to your insurance company)

1. Are the above therapy codes covered by my policy? Y/N (If answer is YES move on to the remaining questions)

2. Are there a maximum number of visits allowed per year? Y/N Number Allowed: _____

3. Does the deductible apply? Y/N If yes, Deductible amount \$ _____ Amount met \$ _____

4. Services are covered at what percent? _____%

5. Are any of the following required? Prior Authorization Pre-Determination Pre-Certification

*****If the answer is yes to #5, we will require insurance approval before we can schedule your sessions. Please call our office *****

Name of Insurance Agent: _____

Reference#: _____

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