

MANUAL DAYSHEET – PROVIDER NAME: _____

Date	Patient Full Name	CPT	Dx	POS	Payments Received/ Special Instructions / Note	Check # or Ref #

- See: Services Agreement > Payment Terms – Fees > Manual Daysheets for information about fees for manual daysheets.
- Go to <https://www.professionalpractice.net/provider-forms-resources/officelally> re: entering charges online for no additional fee.
- Attachments: Please be sure to include necessary attachments to avoid delays, reduced reimbursement, and/or additional fees. Necessary attachments may include chart notes for claims to Victims Assistance, Workers Comp, and Auto Insurance; and vouchers for EAP claims. Please be sure that all patient intake information has been received by Professional Practice **before** this Daysheet is submitted.
- POS (Place of Service) codes: POS 11 = Office / POS 02 = Patient NOT at home / POS 10 = Patient at Home / Telephone sessions use the correct CPT.
- For more information on coding, please visit www.professionalpractice.net > Provider Resources > Outside Links & Resources

Submit by: Fax: (503)419-4662 / Secure Email: billing@professional-practice.org / Mail: PO Box 2022, White City, OR 97503