

**MANUAL DAYSHEET – PROVIDER NAME:** \_\_\_\_\_

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

- **See: Services Agreement > Payment Terms – Fees > Manual Daysheets for information about fees for manual daysheets.**
- **Go to <https://www.professionalpractice.net/links> re: entering charges through the Kareo Provider Platform 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 / Code telephone sessions with the correct CPT.
- **For more information on coding,** please visit [www.professionalpractice.net](http://www.professionalpractice.net) > Provider Resources > Outside Links & Resources

**Submit by: Fax: (503)419-4662 / Secure Email: [billing@professional-practice.org](mailto:billing@professional-practice.org) / Mail: PO Box 503010, White City, OR 97503-0813**