



A facsimile from

Name:

Title:

Palmetto Infusion Location:

Phone (24 hours)

Fax

To: _____

Fax number: _____

Date: _____

Number of Pages Inc. Cover: _____

Dr. _____

Implementation of the ICD-10 billing codes will become effective October 1, 2015. Palmetto Infusion is committed to providing your patients with a seamless transition to these new billing codes.

Attached is the Plan of treatment for your patient _____.

Based on the clinical documentation we have received from your office, the following code _____ is the one we have identified for your patient. Please feel free to use that code on the attached POT or add another that would be more appropriate for your patient.

Thank you for selecting Palmetto Infusion Services as your provider for infusion therapy. If you have any questions, please contact our office at (803)771-7740 or (800)809-1265.

Thank you,

Your Palmetto Infusion Clinical Team

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