

Statement for Insurance Reimbursement

(Super-Bill)

Provider

Full Name:

Business Name:

License Number:

NPI Number:

Business Address:

Patient

Full Name:

DOB:

Address:

Insurance Company:

Group Number:

ID Number:

DIAGNOSIS (ICD-10-CM)

Check Box	Code	Description
	G43.909	Migraine, unspecified, not intractable
	M26.643	Arthritis of bilateral TMJ
	M26.603	Bilateral TMJ disorder, unspecified
	M26.633	Articular disc disorder, bilateral TMJ
	M26.69	Other specified TMJ disorders
	M26.51	Abnormal jaw closure
	M26.52	Limited mandibular range of motion
	M62.838	Muscle spasm
	G47.63	Sleep-related bruxism
	F45.8	Awake bruxism / clenching
	H93.13	Tinnitus, bilateral
	H93.11	Tinnitus, right ear
	H93.12	Tinnitus, left ear
	R51.9	Headaches
	R68.84	Jaw Pain

Check boxes are clickable. Enter Date, Unit(s), and Fee. Line totals and section totals calculate automatically in Adobe Acrobat/Reader.

EVALUATION & MANAGEMENT (E/M)

Check Box	Date	Service Code	Description	Unit(s)	Fee	Line Total
		99204	New patient, moderate MDM or 45-59 min			
		99205	New patient, high MDM or 60-74 min			
		99214	Established patient, moderate MDM or 30-39 min			
Section Total						

DIAGNOSTIC SERVICES

Check Box	Date	Service Code	Description	Unit(s)	Fee	Line Total
		70486	CT maxillofacial, without contrast			
		S3900	EMG			
		76536	Sonography			
Section Total						

TREATMENT / PROCEDURES

Check Box	Date	Service Code	Description	Unit(s)	Fee	Line Total
		E1399	Durable Medical Equipment, miscellaneous			
		21089	Unlisted craniofacial/maxillofacial prosthetic device			
		21299	Unlisted craniofacial/maxillofacial procedure			
		21499	Unlisted musculoskeletal procedure, head			
		97530	Therapeutic activities (15 min)			
		97010	Hot/cold therapy			
Section Total						

ULF-TENS / NEUROMUSCULAR THERAPY

Check Box	Date	Service Code	Description	Unit(s)	Fee	Line Total
		97032	ULF-TENS			
Section Total						

OTHER

Check Box	Date	Service Code	Description	Unit(s)	Fee	Line Total
		D7880	Oral Orthotic Device by report			
Section Total						

Grand Total

Notes & Signature

Notes

Signature

Date

Print and Save buttons are available on page 1.

Indications for Use

510(k) Number (if known)

K230548

Device Name

Myoaligner Appliance

Indications for Use (Describe)

For protection against teeth grinding, bruxism, and jaw clenching; protection of restorations from injury due to bruxism or clenching; relief of bruxism related headaches, migraines and pain; short-term relief from muscle spasm due to occlusal interference; prevention of chronic tension and temporal mandibular joint (TMJ) syndrome that is caused by chronic jaw clenching of the mandibular and maxillary teeth by the temporalis muscles; and temporary treatment of temporal mandibular disorder (TMD) along with the relief of associated headaches and pains in adults 18 years of age or older.

Type of Use (Select one or both, as applicable)

Prescription Use (Part 21 CFR 801 Subpart D)

Over-The-Counter Use (21 CFR 801 Subpart C)

CONTINUE ON A SEPARATE PAGE IF NEEDED.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
Paperwork Reduction Act (PRA) Staff
PRASStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."