Functional Pathways

Therapy that exceeds expectations.

Invoice

Date	Number
04/01/2024	155190

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Service Dates
03/01/2024 - 03/31/2024

TN Veterans Clarksville
250 Arrowood Drive
Clarksville, TN

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
05/01/2024	Net 30 Days

Description	Discipline Amount	Amount
Medicare Part A PDPM Percentage Per Component		9,817.55
OT : 2,801 Minutes	3,221.15	
PT : 3,332 Minutes	3,831.80	
ST : 2,404 Minutes	2,764.60	
Medicare Part B (Palmetto)		7,975.25
OT : 2,699 Minutes	3,103.85	
PT : 4,085 Minutes	4,697.75	
ST : 151 Minutes	173.65	
VA- Service Connected Resident		33,122.30
OT : 9,707 Minutes	11,163.05	
PT : 14,197 Minutes	16,326.55	
ST : 4,898 Minutes	5,632.70	
Private Pay w G-Codes		77.05
PT : 67 Minutes	77.05	
Restorative Nursing	11,432.00	11,432.00
Sub Total of All Charges Before Prior Period Adjustments		50,992.15
Sub Total - PT	24,933.15	
Sub Total - OT	17,488.05	
Sub Total - ST	8,570.95	

Invoice Total $ 62,424.15

PT	$ 24,933.15
OT	$ 17,488.05
ST	$ 8,570.95

Note: Cannot be signed by requisitioner or person who made the purchase.

Facility: Clarksville
PO#:
Vendor: Functional Pathways

I hereby certify that these articles/services have been received/completed.

Suzanne Hogan MHA

Digitally signed by Suzanne Hogan MHA
Date: 2024.04.02 11:35:37 -05'00'

Functional Pathways

Therapy that exceeds expectations.

Invoice

Date	Number
04/01/2024	155190

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Service Dates
03/01/2024 - 03/31/2024

TN Veterans Clarksville
250 Arrowood Drive
Clarksville, TN

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
05/01/2024	Net 30 Days

Description	Quantity	Rate	Amount
Medicare Part A PDPM Percentage Per Component - OT			3,221.15
Medicare Part A PDPM Percentage Per Component - PT			3,831.80
Medicare Part A PDPM Percentage Per Component - ST			2,764.60
Medicare Part B (Palmetto) - OT			3,103.85
Medicare Part B (Palmetto) - PT			4,697.75
Medicare Part B (Palmetto) - ST			173.65
VA- Service Connected Resident - OT			11,163.05
VA- Service Connected Resident - PT			16,326.55
VA- Service Connected Resident - ST			5,632.70
Private Pay w G-Codes - PT			77.05
Restorative Nursing	1.00	11,432.00	11,432.00

Invoice Total $ 62,424.15

Functional Pathways

Excellence in Rehabilitation

Invoice

Account No.	
930015	
Date	**Number**
04/01/2024	155051

Service Dates
03/01/2024 - 03/31/2024

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Note: Cannot be signed by requisitioner or person who made the purchase.

Facility: Cleveland
PO#: 67004
Vendor: Functional Pathways

I hereby certify that these articles/services have been received/completed.

TN Veterans Cleveland
1940 Westland Drive SW
Cleveland, TN 37311

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
05/01/2024	Net 30 Days

Description	Quantity	Rate	Amount
Medicare Part B (Palmetto) - OT			675.05
Medicare Part B (Palmetto) - PT			1,268.45
Medicare Part B (Palmetto) - ST			419.75
VA- Service Connected Resident - OT			358.80
VA- Service Connected Resident - PT			545.10
VA- Service Connected Resident - ST			138.00
Private Pay - OT			67.85
Private Pay - PT			51.75
Private Pay - ST			86.25

Invoice Total $ 3,611.00

Functional Pathways
Excellence in Rehabilitation

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Invoice

Account No.	
930015	
Date	**Number**
04/01/2024	155051

Service Dates
03/01/2024 - 03/31/2024

TN Veterans Cleveland
1940 Westland Drive SW
Cleveland, TN 37311

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
05/01/2024	Net 30 Days

Description	Discipline Amount	Amount
Medicare Part B (Palmetto)		2,363.25
OT : 587 Minutes	675.05	
PT : 1,103 Minutes	1,268.45	
ST : 365 Minutes	419.75	
VA- Service Connected Resident		1,041.90
OT : 312 Minutes	358.80	
PT : 474 Minutes	545.10	
ST : 120 Minutes	138.00	
Private Pay		205.85
OT : 59 Minutes	67.85	
PT : 45 Minutes	51.75	
ST : 75 Minutes	86.25	
Sub Total of All Charges Before Prior Period Adjustments		3,611.00
Sub Total - PT	1,865.30	
Sub Total - OT	1,101.70	
Sub Total - ST	644.00	

Invoice Total $ 3,611.00

PT	$ 1,865.30
OT	$ 1,101.70
ST	$ 644.00

Invoice Summary + Minutes

TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

Medicare Part B (Palmetto) - Per Minute	Charges	% of Medicare Part B	% of Total Charges	Units	Minutes
Medicare Part B (Palmetto) - OT	675.05	28.56	18.69	43	587.0
Medicare Part B (Palmetto) - PT	1,268.45	53.67	35.13	82	1103.0
Medicare Part B (Palmetto) - ST	419.75	17.76	11.62	12	365.0
Total	2,363.25	100.00	65.45	137	2055.0

Private Pay - Per Minute	Charges	% of Private Pay	% of Total Charges	Units	Minutes
Private Pay - OT	67.85	32.96	1.88	4	59.0
Private Pay - PT	51.75	25.14	1.43	1	45.0
Private Pay - ST	86.25	41.90	2.39	1	75.0
Total	205.85	100.00	5.70	6	179.0

VA- Service Connected Resident - Per Minute	Charges	% of VA- Service	% of Total Charges	Units	Minutes
VA- Service Connected Resident - OT	358.80	34.44	9.94	15	312.0
VA- Service Connected Resident - PT	545.10	52.32	15.10	31	474.0
VA- Service Connected Resident - ST	138.00	13.25	3.82	6	120.0
Total	1,041.90	100.00	28.85	52	906.0

Calculations are based on rounding to two decimal places, thus rounding differences may occur.

Medicare Reimbursement Summary
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

Part-B

Code		Rate	Total Expected Payment	Due to Facility	Due to Therapy Company
Part B Rates are not based upon the Fee Schedule.					

Medicare Totals	• Total Charges to Medicare:	$ 0.00
	• Due to TN Veterans Cleveland:	$ 0.00
	• Due to FUNCTIONAL PATHWAYS:	$ 0.00
Non-Medicare Totals	• Due to FUNCTIONAL PATHWAYS:	$ 3,611.00
	Total Due to FUNCTIONAL PATHWAYS:	$ 3,611.00

* Indicates units billed at the MPPR rate

Medicare Part B (Palmetto) - List of Patients

TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

Patient Name (Last, First)	OT		PT		ST		Total Charges
	Min	Charges	Min	Charges	Min	Charges	
Cook, Jack P.	587.0	675.05	791.0	909.65	0.0	0.00	$1,584.70
Cope, Barbara	0.0	0.00	0.0	0.00	150.0	172.50	$172.50
DURAN, RONNIE L.	0.0	0.00	312.0	358.80	0.0	0.00	$358.80
Mathis, Don	0.0	0.00	0.0	0.00	155.0	178.25	$178.25
Schock, Allen	0.0	0.00	0.0	0.00	60.0	69.00	$69.00
Totals:	587.0	675.05	1103.0	1,268.45	365.0	419.75	$2,363.25

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Medicare Part B (Palmetto) - Details
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
Cook, Jack P.	Medicare B	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110						15							19						23	16	14							10				97
97530						38	39	20				29	34		30				31	39	25											285
97535	59						21	33				24			24													44				205
OT Total	59.0					53.0	60.0	53.0				53.0	53.0		54.0				54.0	55.0	39.0							54.0				587.0

Rate per Minute:	$1.15
Subtotal:	$675.05

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97116				15								10						24		30	25				20		20					144
97124																										15			20			35
97530				40		54	53	54				45	54	53	55			30		24	28				33	23	33		33			612
PT Total				55.0		54.0	53.0	54.0				55.0	54.0	53.0	55.0			54.0		54.0	53.0				53.0	38.0	53.0		53.0			791.0

Rate per Minute:	$1.15
Subtotal:	$909.65

TOTAL	59.0			55.0		107.0	113.0	107.0				108.0	107.0	53.0	109.0			54.0	54.0	109.0	92.0				53.0	38.0	53.0	54.0	53.0			1378.0

Amount Due:	$1,584.70

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Medicare Part B (Palmetto) - Details
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
Cope, Barbara	Medicare B	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92526						30															30	30			30			30				150
ST Total						30.0															30.0	30.0			30.0			30.0				150.0
TOTAL						30.0															30.0	30.0			30.0			30.0				150.0

Rate per Minute:	$1.15
Subtotal:	$172.50

Amount Due:	$172.50

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Medicare Part B (Palmetto) - Details
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
DURAN, RONNIE L.	Medicare B	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97110	33			30		38		40			35		40																			216
97530	20			15							19																					54
97542						16		13					13																			42
PT Total	53.0			45.0		54.0		53.0			54.0		53.0																			312.0

Rate per Minute:	$1.15
Subtotal:	$358.80

TOTAL	53.0			45.0		54.0		53.0			54.0		53.0																			312.0

Amount Due:	$358.80

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Medicare Part B (Palmetto) - Details
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
Mathis, Don	Medicare B	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92507						30															30	30			30			35				155
ST Total						30.0															30.0	30.0			30.0			35.0				155.0

Rate per Minute:	$1.15
Subtotal:	$178.25

TOTAL						30.0															30.0	30.0			30.0			35.0				155.0

Amount Due:	$178.25

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Medicare Part B (Palmetto) - Details
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
Schock, Allen	Medicare B	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92526																													30			30
92610																													30			30
ST Total																													60.0			60.0

Rate per Minute:	$1.15
Subtotal:	$69.00

TOTAL																													60.0			60.0

Amount Due:	$69.00

VA- Service Connected Resident - List of TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

Patient Name (Last, First)	OT		PT		ST		Total Charges
	Min	Charges	Min	Charges	Min	Charges	
DAUGHERTY, JAMES L.	0.0	0.00	45.0	51.75	60.0	69.00	$120.75
DURAN, RONNIE L.	0.0	0.00	160.0	184.00	0.0	0.00	$184.00
HOLMES, DANIEL C.	99.0	113.85	35.0	40.25	0.0	0.00	$154.10
Innis, James C.	114.0	131.10	98.0	112.70	60.0	69.00	$312.80
ORR, WILLIAM	0.0	0.00	53.0	60.95	0.0	0.00	$60.95
PHILLIPS, EDWARD A.	99.0	113.85	83.0	95.45	0.0	0.00	$209.30
Totals:	312.0	358.80	474.0	545.10	120.0	138.00	$1,041.90

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VA- Service Connected Resident - Details
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
DAUGHERTY, JAMES L.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97161																											20					20
97530																											15					15
97542																											10					10
PT Total																											45.0					45.0

Rate per Minute:	$1.15
Subtotal:	$51.75

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92507																												30				30
92523																												30				30
ST Total																												60.0				60.0

Rate per Minute:	$1.15
Subtotal:	$69.00

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
TOTAL																											45.0	60.0				105.0

Amount Due:	$120.75

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VA- Service Connected Resident - Details
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
DURAN, RONNIE L.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97110															33			46		40												119
97530															20			8		13												41
PT Total															53.0			54.0		53.0												160.0

Rate per Minute:	$1.15
Subtotal:	$184.00

TOTAL															53.0			54.0		53.0												160.0

Amount Due:	$184.00

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VA- Service Connected Resident - Details
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
HOLMES, DANIEL C.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97165																													45			45
97530																													54			54
OT Total																													99.0			99.0

Rate per Minute:	$1.15
Subtotal:	$113.85

Physical Therapy																																
97161																													35			35
PT Total																													35.0			35.0

Rate per Minute:	$1.15
Subtotal:	$40.25

TOTAL																													134.0			134.0

Amount Due:	$154.10

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VA- Service Connected Resident - Details
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
Innis, James C.	VA	03/01/2024 - 03/31/2024

Occupational Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97167																												60				60
97530																												24				24
97535																												30				30
OT Total																												114.0				114.0

Rate per Minute:	$1.15
Subtotal:	$131.10

Physical Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97110																													33			33
97162																												20				20
97530																												25	20			45
PT Total																												45.0	53.0			98.0

Rate per Minute:	$1.15
Subtotal:	$112.70

Speech Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
92507																												15				15
92523																												15				15
92526																												15				15
92610																												15				15
ST Total																												60.0				60.0

Rate per Minute:	$1.15
Subtotal:	$69.00

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

VA- Service Connected Resident - Details
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
Innis, James C.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
TOTAL																												219.0	53.0			272.0

Amount Due:	$312.80

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VA- Service Connected Resident - Details
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
ORR, WILLIAM	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97116																			23													23
97161																			30													30
PT Total																			53.0													53.0
TOTAL																			53.0													53.0

Rate per Minute:	$1.15
Subtotal:	$60.95

Amount Due:	$60.95

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

VA- Service Connected Resident - Details
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
PHILLIPS, EDWARD A.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97167																													45			45
97530																													54			54
OT Total																													99.0			99.0

Rate per Minute:	$1.15
Subtotal:	$113.85

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97110																													20			20
97161																													30			30
97530																													33			33
PT Total																													83.0			83.0

Rate per Minute:	$1.15
Subtotal:	$95.45

TOTAL																													182.0			182.0

Amount Due:	$209.30

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Private Pay - List of Patients
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

Patient Name (Last, First)	OT		PT		ST		Total Charges
	Min	Charges	Min	Charges	Min	Charges	
Mclain, John T.	59.0	67.85	0.0	0.00	0.0	0.00	$67.85
Morrow, Phillip	0.0	0.00	45.0	51.75	75.0	86.25	$138.00
Totals:	59.0	67.85	45.0	51.75	75.0	86.25	$205.85

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

Private Pay - Details
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
Mclain, John T.	Private Pay	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97535	59																															59
OT Total	59.0																															59.0

Rate per Minute:	$1.15
Subtotal:	$67.85

TOTAL	59.0																															59.0

Amount Due:	$67.85

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

Private Pay - Details
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
Morrow, Phillip	Private Pay	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97161							45																									45
PT Total							45.0																									45.0

Rate per Minute:	$1.15
Subtotal:	$51.75

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92610													75																			75
ST Total													75.0																			75.0

Rate per Minute:	$1.15
Subtotal:	$86.25

TOTAL							45.0						75.0																			120.0

Amount Due:	$138.00

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

Onsite Labor Summary
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

Physical Therapy			
Employee Name	Rehab Type	Onsite Time	Total Hours
Share, D'Arcy CM	PT	167.88	167.88
Subtotal		**167.88**	**167.88**

Occupational Therapy			
Employee Name	Rehab Type	Onsite Time	Total Hours
Johnson, Dora	OT	17.25	17.25
Johnson, Oliva	COTA	0.28	0.28
Wooten, Chastity	COTA	8.23	8.23
Subtotal		**25.77**	**25.77**

Speech Therapy			
Employee Name	Rehab Type	Onsite Time	Total Hours
Capehart, Bethany	SLP	1.62	1.62
McGill, Shana	SLP	10.13	10.13
Subtotal		**11.75**	**11.75**
Total		**205.40**	**205.40**

Onsite Time = Logged time in facility only Total Hours = Onsite + Drive + Benefit Time

Patient Minutes List
TN Veterans Cleveland

Invoice No.: 155051
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

Payer Plan: Medicare Part B (Palmetto) Patient Name (Last, First)	PT Minutes	OT Minutes	ST Minutes	Total Minutes
Cook, Jack P.	791	587	0	1,378
Cope, Barbara	0	0	150	150
DURAN, RONNIE L.	312	0	0	312
Mathis, Don	0	0	155	155
Schock, Allen	0	0	60	60
Total for Medicare Part B (Palmetto)	**1,103**	**587**	**365**	**2,055**

Payer Plan: Private Pay Patient Name (Last, First)	PT Minutes	OT Minutes	ST Minutes	Total Minutes
Mclain, John T.	0	59	0	59
Morrow, Phillip	45	0	75	120
Total for Private Pay	**45**	**59**	**75**	**179**

Payer Plan: VA- Service Connected Resident Patient Name (Last, First)	PT Minutes	OT Minutes	ST Minutes	Total Minutes
DAUGHERTY, JAMES L.	45	0	60	105
DURAN, RONNIE L.	160	0	0	160
HOLMES, DANIEL C.	35	99	0	134
Innis, James C.	98	114	60	272
ORR, WILLIAM	53	0	0	53
PHILLIPS, EDWARD A.	83	99	0	182
Total for VA- Service Connected Resident	**474**	**312**	**120**	**906**

Grand Total	1,622	958	560	3,140

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Functional Pathways

Therapy that exceeds expectations.

Invoice

Note: Cannot be signed by requisitioner or person who made the purchase.

Facility: Humboldt

PO#: Inv#155201

Vendor: Functional Pathways

I hereby certify that these articles/services have been received/completed.

Date	Number
04/01/2024	155201

Service Dates
03/01/2024 - 03/31/2024

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

TN Veterans Humboldt
P. O. Box 10748
Murfreesboro, TN 37129

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
05/01/2024	Net 30 Days

Description	Discipline Amount	Amount
Medicare Part A PDPM Percentage Per Component		19,754.70
OT : 5,448 Minutes	6,265.20	
PT : 5,435 Minutes	6,250.25	
ST : 6,295 Minutes	7,239.25	
Medicare Part B (Palmetto)		8,389.25
OT : 3,443 Minutes	3,959.45	
PT : 2,940 Minutes	3,381.00	
ST : 912 Minutes	1,048.80	
VA- Service Connected Resident		41,058.45
OT : 15,802 Minutes	18,172.30	
PT : 14,071 Minutes	16,181.65	
ST : 5,830 Minutes	6,704.50	
Private Pay		450.80
ST : 392 Minutes	450.80	
Restorative Nursing	11,432.00	11,432.00
Sub Total of All Charges Before Prior Period Adjustments		69,653.20
Sub Total - PT	25,812.90	
Sub Total - OT	28,396.95	
Sub Total - ST	15,443.35	

Invoice Total $ 81,085.20

PT	$ 25,812.90
OT	$ 28,396.95
ST	$ 15,443.35

Functional Pathways

Therapy that exceeds expectations.

Invoice

Date	Number
04/01/2024	155201

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Service Dates
03/01/2024 - 03/31/2024

TN Veterans Humboldt
P. O. Box 10748
Murfreesboro, TN 37129

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
05/01/2024	Net 30 Days

Description	Quantity	Rate	Amount
Medicare Part A PDPM Percentage Per Component - OT			6,265.20
Medicare Part A PDPM Percentage Per Component - PT			6,250.25
Medicare Part A PDPM Percentage Per Component - ST			7,239.25
Medicare Part B (Palmetto) - OT			3,959.45
Medicare Part B (Palmetto) - PT			3,381.00
Medicare Part B (Palmetto) - ST			1,048.80
VA- Service Connected Resident - OT			18,172.30
VA- Service Connected Resident - PT			16,181.65
VA- Service Connected Resident - ST			6,704.50
Private Pay - ST			450.80
Restorative Nursing	1.00	11,432.00	11,432.00

Invoice Total $ 81,085.20

Invoice Summary
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

Medicare Part A PDPM Percentage Per	Charges	% of Medicare Part A PDPM	% of Total Charges
Medicare Part A PDPM Percentage Per	6,265.20	31.71	7.73
Medicare Part A PDPM Percentage Per	6,250.25	31.64	7.71
Medicare Part A PDPM Percentage Per	7,239.25	36.65	8.93
Total	19,754.70	100.00	24.36

Medicare Part B (Palmetto) - Per Minute	Charges	% of Medicare Part B	% of Total Charges
Medicare Part B (Palmetto) - OT	3,959.45	47.20	4.88
Medicare Part B (Palmetto) - PT	3,381.00	40.30	4.17
Medicare Part B (Palmetto) - ST	1,048.80	12.50	1.29
Total	8,389.25	100.00	10.35

VA- Service Connected Resident - Per	Charges	% of VA- Service Connected	% of Total Charges
VA- Service Connected Resident - OT	18,172.30	44.26	22.41
VA- Service Connected Resident - PT	16,181.65	39.41	19.96
VA- Service Connected Resident - ST	6,704.50	16.33	8.27
Total	41,058.45	100.00	50.64

Private Pay - Per Minute	Charges	% of Private Pay	% of Total Charges
Private Pay - ST	450.80	100.00	0.56
Total	450.80	100.00	0.56

Recurring Charges	Charges	% of Recurring Charges	% of Total Charges
Total	0.00	0.00	0.00

Calculations are based on rounding to two decimal places, thus rounding differences may occur.

Invoice Summary + Minutes

TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

Medicare Part A PDPM Percentage Per	Charges	% of Medicare Part A	% of Total Charges	Units	Minutes
Medicare Part A PDPM Percentage Per	6,265.20	31.71	7.73	364	5448.0
Medicare Part A PDPM Percentage Per	6,250.25	31.64	7.71	377	5435.0
Medicare Part A PDPM Percentage Per	7,239.25	36.65	8.93	268	6295.0
Total	19,754.70	100.00	24.36	1,009	17178.0

Medicare Part B (Palmetto) - Per Minute	Charges	% of Medicare Part B	% of Total Charges	Units	Minutes
Medicare Part B (Palmetto) - OT	3,959.45	47.20	4.88	233	3443.0
Medicare Part B (Palmetto) - PT	3,381.00	40.30	4.17	206	2940.0
Medicare Part B (Palmetto) - ST	1,048.80	12.50	1.29	34	912.0
Total	8,389.25	100.00	10.35	473	7295.0

Private Pay - Per Minute	Charges	% of Private Pay	% of Total Charges	Units	Minutes
Private Pay - ST	450.80	100.00	0.56	15	392.0
Total	450.80	100.00	0.56	15	392.0

Recurring Charges	Charges	% of Recurring	% of Total Charges	Units	Minutes
Restorative Nursing	11,432.00	100.00	14.10	0	0.0
Total	11,432.00	100.00	14.10	0	0.0

VA- Service Connected Resident - Per Minute	Charges	% of VA- Service	% of Total Charges	Units	Minutes
VA- Service Connected Resident - OT	18,172.30	44.26	22.41	939	15802.0
VA- Service Connected Resident - PT	16,181.65	39.41	19.96	874	14071.0
VA- Service Connected Resident - ST	6,704.50	16.33	8.27	229	5830.0
Total	41,058.45	100.00	50.64	2,042	35703.0

Calculations are based on rounding to two decimal places, thus rounding differences may occur.

Medicare Reimbursement Summary
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

Part-B

Code		Rate	Total Expected Payment	Due to Facility	Due to Therapy Company
Part B Rates are not based upon the Fee Schedule.					

Medicare Totals	• Total Charges to Medicare:	$ 0.00
	• Due to TN Veterans Humboldt:	$ 0.00
	• Due to FUNCTIONAL PATHWAYS:	$ 0.00
Non-Medicare Totals	• Due to FUNCTIONAL PATHWAYS:	$ 81,085.20
	Total Due to FUNCTIONAL PATHWAYS:	$ 81,085.20

* Indicates units billed at the MPPR rate

Medicare Part A PDPM Percentage Per TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

Patient Name (Last, First)	OT		PT		ST		Total Charges
	Min	Charges	Min	Charges	Min	Charges	
BROWN, JACQUELYN	0.0	0.00	69.0	79.35	120.0	138.00	$217.35
DESLAURIERS, RICHARD V.	154.0	177.10	190.0	218.50	211.0	242.65	$638.25
DUNN, CARLOS	617.0	709.55	587.0	675.05	504.0	579.60	$1,964.20
GRAVES, JOYCE S.	962.0	1,106.30	876.0	1,007.40	831.0	955.65	$3,069.35
JACKSON, VERLAN	1157.0	1,330.55	1191.0	1,369.65	934.0	1,074.10	$3,774.30
LUTHER, DAVID D.	737.0	847.55	710.0	816.50	676.0	777.40	$2,441.45
MURRAY, JOEL	391.0	449.65	292.0	335.80	390.0	448.50	$1,233.95
REED, DAVID L.	0.0	0.00	0.0	0.00	611.0	702.65	$702.65
ROSS, JOHN	0.0	0.00	0.0	0.00	276.0	317.40	$317.40
SIMPSON, BILLY M.	30.0	34.50	32.0	36.80	253.0	290.95	$362.25
TAYLOR, JANICE	642.0	738.30	755.0	868.25	578.0	664.70	$2,271.25
THOMASON, LINDA	758.0	871.70	733.0	842.95	665.0	764.75	$2,479.40
WILSON, ERVIN C.	0.0	0.00	0.0	0.00	246.0	282.90	$282.90
Totals:	5448.0	6,265.20	5435.0	6,250.25	6295.0	7,239.25	$19,754.70

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Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
BROWN, JACQUELYN	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97110	28			20																												48
97530	13			8																												21
PT Total	41.0			28.0																												69.0

Rate per Minute:	$1.15
Subtotal:	$79.35

Speech Therapy																																
92507	19		18	20																												57
92526	20		20	23																												63
ST Total	39.0		38.0	43.0																												120.0

Rate per Minute:	$1.15
Subtotal:	$138.00

TOTAL	80.0		38.0	71.0																												189.0

Amount Due:	$217.35

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Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
DESLAURIERS, RICHARD V.	Medicare A (PPS)	03/01/2024 - 03/31/2024

Occupational Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97110																				31		43										74
97167																				30												30
97530																						19										19
97535																					31											31
OT Total																				61.0	31.0	62.0										154.0

Rate per Minute:	$1.15
Subtotal:	$177.10

Physical Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97110																				21	25	23										69
97116																				17		17										34
97162																				24												24
97530																				19	28	16										63
PT Total																				81.0	53.0	56.0										190.0

Rate per Minute:	$1.15
Subtotal:	$218.50

Speech Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
92507																				32	20			20								72
92523																				30												30
92526																				32	24			23								79
92610																				30												30
ST Total																				124.0	44.0			43.0								211.0

Rate per Minute:	$1.15
Subtotal:	$242.65

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
DESLAURIERS, RICHARD V.	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
TOTAL																				266.0	128.0	118.0		43.0								555.0

Amount Due:	$638.25

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Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
DUNN, CARLOS	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110																		37	42		30	29			29	42	42	42	27			320
97150																				57												57
97167																30																30
97530																16		20	15		27	30			29	15	15	15	28			210
OT Total																46.0		57.0	57.0	57.0	57.0	59.0			58.0	57.0	57.0	57.0	55.0			617.0

Rate per Minute:	$1.15
Subtotal:	$709.55

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97110																		16	26	25	28	23			24	25	26	25	26			244
97112																		13		14	14	14			16							71
97116																		14	16							14	15	16	16			91
97162																		26														26
97530																		14	15	16	17	17			15	15	17	15	14			155
PT Total																		83.0	57.0	55.0	59.0	54.0			55.0	54.0	58.0	56.0	56.0			587.0

Rate per Minute:	$1.15
Subtotal:	$675.05

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92507																	32	20	20	20			21	20	20		21	20	20			214
92523																	30															30
92526																	32	24	23	22			20	24	23		18	20	24			230
92610																	30															30

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Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
DUNN, CARLOS	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
ST Total																	124.0	44.0	43.0	42.0			41.0	44.0	43.0		39.0	40.0	44.0			504.0
TOTAL																46.0	124.0	184.0	157.0	154.0	116.0	113.0	41.0	44.0	156.0	111.0	154.0	153.0	155.0			1708.0

Rate per Minute:	$1.15
Subtotal:	$579.60

Amount Due:	$1,964.20

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Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
GRAVES, JOYCE S.	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110							43	46			20	38	30	35	41				32	37	36	36			36		32	40	33			535
97167							30																									30
97530							18				38	20	27	20	20				25	20	25	25			25	57	25	15	20			380
97535								17																								17
OT Total							91.0	63.0			58.0	58.0	57.0	55.0	61.0				57.0	57.0	61.0	61.0			61.0	57.0	57.0	55.0	53.0			962.0

Rate per Minute:	$1.15
Subtotal:	$1,106.30

Physical Therapy																																
97110									24		23	35	28	27	26				28	26	28	26			27	27	26	27	28			406
97112									14		17		12	11	12				12	12	11	12			12	12	11	12	13			173
97162									26																							26
97530									17		14	23	18	19	17				18	17	19	17			18	17	20	19	18			271
PT Total									81.0		54.0	58.0	58.0	57.0	55.0				58.0	55.0	58.0	55.0			57.0	56.0	57.0	58.0	59.0			876.0

Rate per Minute:	$1.15
Subtotal:	$1,007.40

Speech Therapy																																
92507							32	20	20		20	20	20		20	13			20	20	25		23	20	20	20	20	20	33			386
92523							30																									30
92526							32	22	21		24	23	21		24	12			24	21	13		20	22	24	24	23	22	13			385
92610							30																									30
ST Total							124.0	42.0	41.0		44.0	43.0	41.0		44.0	25.0			44.0	41.0	38.0		43.0	42.0	44.0	44.0	43.0	42.0	46.0			831.0

Rate per Minute:	$1.15
Subtotal:	$955.65

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
GRAVES, JOYCE S.	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
TOTAL							215.0	105.0	122.0		156.0	159.0	156.0	112.0	160.0	25.0			159.0	153.0	157.0	116.0	43.0	42.0	162.0	157.0	157.0	155.0	158.0			2669.0

Amount Due:	$3,069.35

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
JACKSON, VERLAN	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110				30	28		27	30			29	27	27		28			32		57	29					30	29	28				431
97530	24			28	32	30	29	30			29	29	30	26	29			29	26		29	30			28	30	29	30				547
97535	30					29								30					30			30			30							179
OT Total	54.0			58.0	60.0	59.0	56.0	60.0			58.0	56.0	57.0	56.0	57.0			61.0	56.0	57.0	58.0	60.0			58.0	60.0	58.0	58.0				1157.0

Rate per Minute:	$1.15
Subtotal:	$1,330.55

Physical Therapy																																
97110	28	22		28	29	26	27	28			27	28	27	28	28			28	27	27	26	26			28	27	27	27				569
97112	12	12		12	11	12	12	13			12	13	12	12	12			12	12	12	11	13			13	12	12	13				255
97530	18	14		17	18	16	17	17			20	18	19	16	18			17	18	19	19	17			16	18	19	16				367
PT Total	58.0	48.0		57.0	58.0	54.0	56.0	58.0			59.0	59.0	58.0	56.0	58.0			57.0	57.0	58.0	56.0	56.0			57.0	57.0	58.0	56.0				1191.0

Rate per Minute:	$1.15
Subtotal:	$1,369.65

Speech Therapy																																
92507	22		22	26	21	22	26	25			24	22	25		16			20	8	22	25		20	22	20	20	20	22	22	20		492
92526	19		22	16	23	19	17	15			16	19	15		26			20	9	22	13		23	20	24	18	23	22	20	21		442
ST Total	41.0		44.0	42.0	44.0	41.0	43.0	40.0			40.0	41.0	40.0		42.0			40.0	17.0	44.0	38.0		43.0	42.0	44.0	38.0	43.0	44.0	42.0	41.0		934.0

Rate per Minute:	$1.15
Subtotal:	$1,074.10

TOTAL	153.0	48.0	44.0	157.0	162.0	154.0	155.0	158.0			157.0	156.0	155.0	112.0	157.0			158.0	130.0	159.0	152.0	116.0	43.0	42.0	159.0	155.0	159.0	158.0	42.0	41.0		3282.0

Amount Due:	$3,774.30

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Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
LUTHER, DAVID D.	Medicare A (PPS)	03/01/2024 - 03/31/2024

Occupational Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97110														43	43			43	41	43	46	26			30	43	44	41	37			480
97167														30																		30
97530														18				19	15	15	15	20			31	15	15	15	15			193
97535															19							15										34
OT Total														91.0	62.0			62.0	56.0	58.0	61.0	61.0			61.0	58.0	59.0	56.0	52.0			737.0

Rate per Minute:	$1.15
Subtotal:	$847.55

Physical Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97110													22	26				26	26	26	26	25			27	29	26	26	28			313
97112													16	15				15	15	12	11	16			13							113
97116																										8	10	11	10			39
97162													26																			26
97530													18	18				18	17	17	19	14			16	21	21	19	21			219
PT Total													82.0	59.0				59.0	58.0	55.0	56.0	55.0			56.0	58.0	57.0	56.0	59.0			710.0

Rate per Minute:	$1.15
Subtotal:	$816.50

Speech Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
92507												32	20		20			20	20	20	25			23	20	20	20	20	20	20		300
92523												30																				30
92526												32	24		23			22	21	24	13			20	24	21	23	22	24	23		316
92610												30																				30

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Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
LUTHER, DAVID D.	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
ST Total												124.0	44.0		43.0			42.0	41.0	44.0	38.0			43.0	44.0	41.0	43.0	42.0	44.0	43.0		676.0

Rate per Minute:	$1.15
Subtotal:	$777.40

TOTAL												124.0	126.0	150.0	105.0			163.0	155.0	157.0	155.0	116.0		43.0	161.0	157.0	159.0	154.0	155.0	43.0		2123.0

Amount Due:	$2,441.45

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Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
MURRAY, JOEL	Medicare A (PPS)	03/01/2024 - 03/31/2024

Occupational Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97110																					31	39			29	30	29	29	28			215
97167																					30											30
97530																									29	31	28	30	28			146
OT Total																					61.0	39.0			58.0	61.0	57.0	59.0	56.0			391.0

Rate per Minute:	$1.15
Subtotal:	$449.65

Physical Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97110																						23				23	24	24	26			120
97112																						16				15		16	15			62
97162																						24										24
97530																						17				16	18	18	17			86
PT Total																						80.0				54.0	42.0	58.0	58.0			292.0

Rate per Minute:	$1.15
Subtotal:	$335.80

Speech Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
92526	44			42																	30	38			40	40	42	40	44			360
92610																					30											30
ST Total	44.0			42.0																	60.0	38.0			40.0	40.0	42.0	40.0	44.0			390.0

Rate per Minute:	$1.15
Subtotal:	$448.50

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Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
MURRAY, JOEL	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
TOTAL	44.0			42.0																	121.0	157.0			98.0	155.0	141.0	157.0	158.0			1073.0

Amount Due:	$1,233.95

Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
REED, DAVID L.	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92507	20	12		20				32	22	20	20	20	20	20	20	20	20															266
92523								30																								30
92526	19	11		24				32	22	23	22	24	21	24	22	18	23															285
92610								30																								30
ST Total	39.0	23.0		44.0				124.0	44.0	43.0	42.0	44.0	41.0	44.0	42.0	38.0	43.0															611.0

Rate per Minute:	$1.15
Subtotal:	$702.65

TOTAL	39.0	23.0		44.0				124.0	44.0	43.0	42.0	44.0	41.0	44.0	42.0	38.0	43.0															611.0

Amount Due:	$702.65

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Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
ROSS, JOHN	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92507	19	11		20	20	20	20	20																								130
92526	20	12		21	24	23	22	24																								146
ST Total	39.0	23.0		41.0	44.0	43.0	42.0	44.0																								276.0

Rate per Minute:	$1.15
Subtotal:	$317.40

TOTAL	39.0	23.0		41.0	44.0	43.0	42.0	44.0																								276.0

Amount Due:	$317.40

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Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
SIMPSON, BILLY M.	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97530	30																															30
OT Total	30.0																															30.0

Rate per Minute:	$1.15
Subtotal:	$34.50

Physical Therapy																																
97110	12																															12
97112	9																															9
97530	11																															11
PT Total	32.0																															32.0

Rate per Minute:	$1.15
Subtotal:	$36.80

Speech Therapy																																
92526	44		43	43		44	41	38																								253
ST Total	44.0		43.0	43.0		44.0	41.0	38.0																								253.0

Rate per Minute:	$1.15
Subtotal:	$290.95

TOTAL	106.0		43.0	43.0		44.0	41.0	38.0																								315.0

Amount Due:	$362.25

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Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
TAYLOR, JANICE	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110														15	16			37	29	43	29	46			41	32		29	27			344
97167														30																		30
97530																		20	29	15	28	15			20	15	29	29	29			229
97535																										10	29					39
OT Total														45.0	16.0			57.0	58.0	58.0	57.0	61.0			61.0	57.0	58.0	58.0	56.0			642.0

Rate per Minute:	$1.15
Subtotal:	$738.30

Physical Therapy																																
97110													19	24	22			19	28	26	27	26			29	28	28	27	28			331
97112													11		19			14	12	12	11							11				90
97116																		9				8			9	10	10		12			58
97162													26																			26
97530													19	29	16			16	18	19	18	21			18	20	19	18	19			250
PT Total													75.0	53.0	57.0			58.0	58.0	57.0	56.0	55.0			56.0	58.0	57.0	56.0	59.0			755.0

Rate per Minute:	$1.15
Subtotal:	$868.25

Speech Therapy																																
92507	26												32		20			20	20	23	22	22			20	19	20	23				267
92523													30																			30
92526	17												32		24			23	22	17	18	19			20	23	19	17				251
92610													30																			30

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Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
TAYLOR, JANICE	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
ST Total	43.0												124.0		44.0			43.0	42.0	40.0	40.0	41.0			40.0	42.0	39.0	40.0				578.0

Rate per Minute:	$1.15
Subtotal:	$664.70

TOTAL	43.0												199.0	98.0	117.0			158.0	158.0	155.0	153.0	157.0			157.0	157.0	154.0	154.0	115.0			1975.0

Amount Due:	$2,271.25

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Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
THOMASON, LINDA	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110	24			27	20	20	20	20			38	55													19	48	35	25	25			376
97167																									30							30
97530	30			30	41	39	38	36			20														26		20	32	30			342
97535																										10						10
OT Total	54.0			57.0	61.0	59.0	58.0	56.0			58.0	55.0													75.0	58.0	55.0	57.0	55.0			758.0

Rate per Minute:	$1.15
Subtotal:	$871.70

Physical Therapy																																
97110	23			27	28	29	27	26			28	43													22	23	23	28	28			355
97112	14			12	11	13	12	12			12														16			12	12			126
97162																									27							27
97530	17			19	18	16	17	17			18	10													19	18	19	18	19			225
PT Total	54.0			58.0	57.0	58.0	56.0	55.0			58.0	53.0													84.0	41.0	42.0	58.0	59.0			733.0

Rate per Minute:	$1.15
Subtotal:	$842.95

Speech Therapy																																
92507																									32	20	20	20	20	20		132
92523																									30							30
92526	42			40	43	41	42	42			40		43												32	18	24	23	22	21		473
92610																									30							30
ST Total	42.0			40.0	43.0	41.0	42.0	42.0			40.0		43.0												124.0	38.0	44.0	43.0	42.0	41.0		665.0

Rate per Minute:	$1.15
Subtotal:	$764.75

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
THOMASON, LINDA	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
TOTAL	150.0			155.0	161.0	158.0	156.0	153.0			156.0	108.0	43.0												283.0	137.0	141.0	158.0	156.0	41.0		2156.0

Amount Due:	$2,479.40

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Medicare Part A PDPM Percentage Per Component - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
WILSON, ERVIN C.	Medicare A (PPS)	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92507	22			21	22	23	24	23																								135
92526	21			18	19	19	16	18																								111
ST Total	43.0			39.0	41.0	42.0	40.0	41.0																								246.0

Rate per Minute:	$1.15
Subtotal:	$282.90

TOTAL	43.0			39.0	41.0	42.0	40.0	41.0																								246.0

Amount Due:	$282.90

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Medicare Part B (Palmetto) - List of Patients

TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

Patient Name (Last, First)	OT		PT		ST		Total Charges
	Min	Charges	Min	Charges	Min	Charges	
ALLEN, TIMOTHY O.	30.0	34.50	0.0	0.00	0.0	0.00	$34.50
BIRD, JOHN	434.0	499.10	506.0	581.90	0.0	0.00	$1,081.00
BRADLEY, AARON D.	251.0	288.65	272.0	312.80	0.0	0.00	$601.45
BRYAN, JANICE Q.	843.0	969.45	708.0	814.20	0.0	0.00	$1,783.65
EDMAISTON, RONNIE E.	450.0	517.50	460.0	529.00	0.0	0.00	$1,046.50
HARRISON, CHARLES J.	258.0	296.70	0.0	0.00	0.0	0.00	$296.70
INGRAM, ALFREDIA R.	0.0	0.00	0.0	0.00	195.0	224.25	$224.25
JONES, PHILLIP M.	0.0	0.00	0.0	0.00	254.0	292.10	$292.10
MCMAHON, ROBERT R.	198.0	227.70	80.0	92.00	0.0	0.00	$319.70
WARRINGTON, DONNA	0.0	0.00	0.0	0.00	463.0	532.45	$532.45
WILLIAMS, MARY E.	979.0	1,125.85	914.0	1,051.10	0.0	0.00	$2,176.95
Totals:	3443.0	3,959.45	2940.0	3,381.00	912.0	1,048.80	$8,389.25

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Medicare Part B (Palmetto) - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
ALLEN, TIMOTHY O.	Medicare B	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97167						30																										30
OT Total						30.0																										30.0

Rate per Minute:	$1.15
Subtotal:	$34.50

TOTAL						30.0																										30.0

Amount Due:	$34.50

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

Medicare Part B (Palmetto) - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
BIRD, JOHN	Medicare B	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110															42			29	27		43				43	26		36	35			281
97167															30																	30
97530															14						11							20	20			65
97535																		15							13	30						58
OT Total															86.0			44.0	27.0		54.0				56.0	56.0		56.0	55.0			434.0
Physical Therapy																																
97110															21			26	26	27		23			19	24	24		21			211
97112															14			15	14			14			16	14	15		12			114
97162															23																	23
97530															18			16	16	27		16			18	17	16		14			158
PT Total															76.0			57.0	56.0	54.0		53.0			53.0	55.0	55.0		47.0			506.0
TOTAL															162.0			101.0	83.0	54.0	54.0	53.0			109.0	111.0	55.0	56.0	102.0			940.0

Rate per Minute:	$1.15
Subtotal:	$499.10

Rate per Minute:	$1.15
Subtotal:	$581.90

Amount Due:	$1,081.00

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

Medicare Part B (Palmetto) - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
BRADLEY, AARON D.	Medicare B	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110				43	31	39	33	33						33	39																	251
OT Total				43.0	31.0	39.0	33.0	33.0						33.0	39.0																	251.0

Rate per Minute:	$1.15
Subtotal:	$288.65

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97110					47	24	26				27			24	24																	172
97112															13																	13
97530						17	27				27				16																	87
PT Total					47.0	41.0	53.0				54.0			24.0	53.0																	272.0

Rate per Minute:	$1.15
Subtotal:	$312.80

TOTAL				43.0	78.0	80.0	86.0	33.0			54.0			57.0	92.0																	523.0

Amount Due:	$601.45

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

Medicare Part B (Palmetto) - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
BRYAN, JANICE Q.	Medicare B	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110							39	43				44	42	43	46				45		46	46			43	44	35	44	39			599
97167							30																									30
97530							16	15				15	15	15	15				15		15	15			13	15	20	15	15			214
OT Total							85.0	58.0				59.0	57.0	58.0	61.0				60.0		61.0	61.0			56.0	59.0	55.0	59.0	54.0			843.0

Rate per Minute:	$1.15
Subtotal:	$969.45

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97110									22		19	35		27	27			28		27		27			27		17	28	28			312
97112									11		12																12					35
97116									14		14	12		16	16			17		17		16			16		14	17	17			186
97162									26																							26
97530									12		12	10		15	13			12		12		13			10		13	13	14			149
PT Total									85.0		57.0	57.0		58.0	56.0			57.0		56.0		56.0			53.0		56.0	58.0	59.0			708.0

Rate per Minute:	$1.15
Subtotal:	$814.20

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
TOTAL							85.0	58.0	85.0		57.0	116.0	57.0	116.0	117.0			57.0	60.0	56.0	61.0	117.0			109.0	59.0	111.0	117.0	113.0			1551.0

Amount Due:	$1,783.65

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Medicare Part B (Palmetto) - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
EDMAISTON, RONNIE E.	Medicare B	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110																		16	27		24	29				27	26	27				176
97167																		30														30
97530																		15	28		30	27			26	29	30	29				214
97535																									30							30
OT Total																		61.0	55.0		54.0	56.0			56.0	56.0	56.0	56.0				450.0

Rate per Minute:	$1.15
Subtotal:	$517.50

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97110																		22		25	24	26			23		23	23	22			188
97112																		18			15	14			17		15		12			91
97116																												13				13
97162																		27														27
97530																		19		28	16	15			14		17	18	14			141
PT Total																		86.0		53.0	55.0	55.0			54.0		55.0	54.0	48.0			460.0

Rate per Minute:	$1.15
Subtotal:	$529.00

TOTAL																		147.0	55.0	53.0	109.0	111.0			110.0	56.0	111.0	110.0	48.0			910.0

Amount Due:	$1,046.50

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Medicare Part B (Palmetto) - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
HARRISON, CHARLES J.	Medicare B	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110																		16	28		19				24	33	15					135
97167																		30														30
97530																		10							10		13		29			62
97535																						31										31
OT Total																		56.0	28.0		19.0	31.0			34.0	33.0	28.0		29.0			258.0

Rate per Minute:	$1.15
Subtotal:	$296.70

TOTAL																		56.0	28.0		19.0	31.0			34.0	33.0	28.0		29.0			258.0

Amount Due:	$296.70

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Medicare Part B (Palmetto) - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
INGRAM, ALFREDIA R.	Medicare B	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92526					32	40	38				40	15																				165
92610					30																											30
ST Total					62.0	40.0	38.0				40.0	15.0																				195.0

Rate per Minute:	$1.15
Subtotal:	$224.25

TOTAL					62.0	40.0	38.0				40.0	15.0																				195.0

Amount Due:	$224.25

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Medicare Part B (Palmetto) - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
JONES, PHILLIP M.	Medicare B	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92526	43			42	41	44	43	41																								254
ST Total	43.0			42.0	41.0	44.0	43.0	41.0																								254.0

Rate per Minute:	$1.15
Subtotal:	$292.10

TOTAL	43.0			42.0	41.0	44.0	43.0	41.0																								254.0

Amount Due:	$292.10

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

Medicare Part B (Palmetto) - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
MCMAHON, ROBERT R.	Medicare B	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110																											42	29	54			125
97167																											30					30
97530																											14	29				43
OT Total																											86.0	58.0	54.0			198.0

Rate per Minute:	$1.15
Subtotal:	$227.70

Physical Therapy																																
97110																													21			21
97112																													17			17
97162																													24			24
97530																													18			18
PT Total																													80.0			80.0

Rate per Minute:	$1.15
Subtotal:	$92.00

TOTAL																											86.0	58.0	134.0			278.0

Amount Due:	$319.70

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Medicare Part B (Palmetto) - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
WARRINGTON, DONNA	Medicare B	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92507	20			20	22	20	20	20	20		20	20			20			20														222
92526	21			22	22	23	21	23	22		19	24			23			21														241
ST Total	41.0			42.0	44.0	43.0	41.0	43.0	42.0		39.0	44.0			43.0			41.0														463.0

Rate per Minute:	$1.15
Subtotal:	$532.45

TOTAL	41.0			42.0	44.0	43.0	41.0	43.0	42.0		39.0	44.0			43.0			41.0														463.0

Amount Due:	$532.45

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Medicare Part B (Palmetto) - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
WILLIAMS, MARY E.	Medicare B	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110	25			42		42	41	27			38		41	43	46			43		36	46	43			46	41	42					642
97530	30			15		15	15	30			20		15	15	15			15		20	15	13			15	15	15	59				337
OT Total	55.0			57.0		57.0	56.0	57.0			58.0		56.0	58.0	61.0			58.0		56.0	61.0	56.0			61.0	56.0	57.0	59.0				979.0

Rate per Minute:	$1.15
Subtotal:	$1,125.85

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97110	24				28	29	28	27				29	28	29	27					26	28	27			27	26	28	27				438
97116	19				16	17	17	16				17	17	16	17					18	17	17			17	16	18	17				272
97530	14				13	13	13	13				13	12	13	12					12	13	12			9	15	13	14				204
PT Total	57.0				57.0	59.0	58.0	56.0				59.0	57.0	58.0	56.0					56.0	58.0	56.0			53.0	57.0	59.0	58.0				914.0

Rate per Minute:	$1.15
Subtotal:	$1,051.10

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
TOTAL	112.0			57.0	57.0	116.0	114.0	113.0			58.0	59.0	113.0	116.0	117.0			58.0		112.0	119.0	112.0			114.0	113.0	116.0	117.0				1893.0

Amount Due:	$2,176.95

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VA- Service Connected Resident - List of TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

Patient Name (Last, First)	OT		PT		ST		Total Charges
	Min	Charges	Min	Charges	Min	Charges	
ANDERSON, JOHN R.	30.0	34.50	0.0	0.00	566.0	650.90	$685.40
BARNETT, TOMMY L.	1021.0	1,174.15	924.0	1,062.60	0.0	0.00	$2,236.75
BRADLEY, WILLIAM D.	1103.0	1,268.45	1085.0	1,247.75	0.0	0.00	$2,516.20
COMPTON, HAROLD	535.0	615.25	656.0	754.40	0.0	0.00	$1,369.65
COOPER, ARLIE	1075.0	1,236.25	1082.0	1,244.30	735.0	845.25	$3,325.80
CRUCE, WILLIAM R.	1113.0	1,279.95	1090.0	1,253.50	0.0	0.00	$2,533.45
DOSS, RICHARD	868.0	998.20	784.0	901.60	762.0	876.30	$2,776.10
DROKE, HARVEY A.	458.0	526.70	460.0	529.00	202.0	232.30	$1,288.00
EMBRY, EDDIE	103.0	118.45	92.0	105.80	0.0	0.00	$224.25
HILEMAN, LARRY R.	767.0	882.05	0.0	0.00	780.0	897.00	$1,779.05
HRACHOVINA, WILLIAM J.	0.0	0.00	0.0	0.00	563.0	647.45	$647.45
JOHNSON, CECIL	869.0	999.35	856.0	984.40	0.0	0.00	$1,983.75
MCWHERTER, WILBUR	622.0	715.30	620.0	713.00	510.0	586.50	$2,014.80
MERCER, JOHNNY G.	483.0	555.45	44.0	50.60	0.0	0.00	$606.05
MOODY, CHARLES	290.0	333.50	285.0	327.75	0.0	0.00	$661.25
OSWALT, JIMMY L.	842.0	968.30	779.0	895.85	0.0	0.00	$1,864.15
PATTERSON, BOYD W.	60.0	69.00	0.0	0.00	0.0	0.00	$69.00
PIERCE, GEORGE R.	1233.0	1,417.95	1136.0	1,306.40	0.0	0.00	$2,724.35
PURKEYPILE, GARY L.	347.0	399.05	334.0	384.10	0.0	0.00	$783.15
SARGENT, JERRY L.	206.0	236.90	193.0	221.95	159.0	182.85	$641.70
SCHUMACHER, PAUL A.	0.0	0.00	0.0	0.00	121.0	139.15	$139.15
TAYLOR, LARRY G.	459.0	527.85	456.0	524.40	0.0	0.00	$1,052.25
TENNYSON, DONNIE E.	502.0	577.30	284.0	326.60	0.0	0.00	$903.90
WEBB, ROBERT	711.0	817.65	696.0	800.40	0.0	0.00	$1,618.05
WELDON, CHARLES	720.0	828.00	826.0	949.90	676.0	777.40	$2,555.30
WILLIAMS, WILLIAM G.	920.0	1,058.00	916.0	1,053.40	0.0	0.00	$2,111.40
WILTSHIRE, HOMER	0.0	0.00	0.0	0.00	546.0	627.90	$627.90
YOUNG, CHARLES P.	465.0	534.75	473.0	543.95	210.0	241.50	$1,320.20
Totals:	15802.0	18,172.30	14071.0	16,181.65	5830.0	6,704.50	$41,058.45

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
ANDERSON, JOHN R.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97167				30																												30
OT Total				30.0																												30.0

Rate per Minute:	$1.15
Subtotal:	$34.50

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92507								31	20		20	20		18	16			20	11	23	19	16			18							232
92523								30																								30
92526								32	22		24	23		20	23			20	26	18	21	23			22							274
92610								30																								30
ST Total								123.0	42.0		44.0	43.0		38.0	39.0			40.0	37.0	41.0	40.0	39.0			40.0							566.0

Rate per Minute:	$1.15
Subtotal:	$650.90

TOTAL				30.0				123.0	42.0		44.0	43.0		38.0	39.0			40.0	37.0	41.0	40.0	39.0			40.0							596.0

Amount Due:	$685.40

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
BARNETT, TOMMY L.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110				29		29	25	31			29		29	27				30	27	43		31			28							358
97150	50											50									45											145
97530				29	30	28					29		30		30			31	29	18		29				31						314
97535					31		30	30						28	25										30	30						204
OT Total	50.0			58.0	61.0	57.0	55.0	61.0			58.0	50.0	59.0	55.0	55.0			61.0	56.0	61.0	45.0	60.0			58.0	61.0						1021.0

Rate per Minute:	$1.15
Subtotal:	$1,174.15

Physical Therapy																																
97110						24	25	26			24	24	27	25				25	25		23	24				25						297
97112	14						14				14	14		14	14			16		15	15	15			14	15						174
97150	28				28										28					28					28							140
97530	15				26	18	15	28			15	16	27	15	15			17	28	14	17	14			17	16						313
PT Total	57.0				54.0	42.0	54.0	54.0			53.0	54.0	54.0	54.0	57.0			58.0	53.0	57.0	55.0	53.0			59.0	56.0						924.0

Rate per Minute:	$1.15
Subtotal:	$1,062.60

TOTAL	107.0			58.0	115.0	99.0	109.0	115.0			111.0	104.0	113.0	109.0	112.0			119.0	109.0	118.0	100.0	113.0			117.0	117.0						1945.0

Amount Due:	$2,236.75

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
BRADLEY, WILLIAM D.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110				44										43								48			43		46	44				268
97150					60	60									60			60	60	60	60					60			55			535
97167				30										30																		60
97530				17	18	18								16	18			18	17		17	16			19	18	18	19				229
97535																		11														11
OT Total				91.0	78.0	78.0								89.0	78.0			89.0	77.0	60.0	77.0	64.0			62.0	78.0	64.0	63.0	55.0			1103.0

Rate per Minute:	$1.15
Subtotal:	$1,268.45

Physical Therapy																																
97110		22				27					22	32						27	27		27					26	27	26	28			291
97112					14																											14
97116		19				16					19	10	16	16	16			16	16		16	14			16	17	17	16	16			256
97150					28								28	28	28					58		30			30							230
97162		23									24																					47
97530		16			15	15					16	15	14	14	14			14	15		14	15			11	15	14	15	15			247
PT Total		80.0			57.0	58.0					81.0	57.0	58.0	58.0	58.0			57.0	58.0	58.0	57.0	59.0			57.0	58.0	58.0	57.0	59.0			1085.0

Rate per Minute:	$1.15
Subtotal:	$1,247.75

TOTAL		80.0		91.0	135.0	136.0					81.0	57.0	58.0	147.0	136.0			146.0	135.0	118.0	134.0	123.0			119.0	136.0	122.0	120.0	114.0			2188.0

Amount Due:	$2,516.20

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
COMPTON, HAROLD	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110						26		29			28		26	28	26			29														192
97150							50					50																				100
97530						30		32					30	29	29			32														182
97535				31							30																					61
OT Total				31.0		56.0	50.0	61.0			58.0	50.0	56.0	57.0	55.0			61.0														535.0

Rate per Minute:	$1.15
Subtotal:	$615.25

Physical Therapy																																
97110				24	24		26	27			24	25	24	24	25			24														247
97116	15			14	14	14	14	14			15	14	16	14				14														158
97150	28					28																										56
97530	14			15	15	15	15	16			16	15	14	15	28			17														195
PT Total	57.0			53.0	53.0	57.0	55.0	57.0			55.0	54.0	54.0	53.0	53.0			55.0														656.0

Rate per Minute:	$1.15
Subtotal:	$754.40

TOTAL	57.0			84.0	53.0	113.0	105.0	118.0			113.0	104.0	110.0	110.0	108.0			116.0														1191.0

Amount Due:	$1,369.65

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
COOPER, ARLIE	VA	03/01/2024 - 03/31/2024

Occupational Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97110				26	31		26	30			28	29	29	25	29			31							26		28					338
97150	45																			60	45											150
97530						29	29	31			28		26	30	29				31			30				30	29					322
97535				30	30	28						28						30	28			30			30	31						265
OT Total	45.0			56.0	61.0	57.0	55.0	61.0			56.0	57.0	55.0	55.0	58.0			61.0	59.0	60.0	45.0	60.0			56.0	61.0	57.0					1075.0

Rate per Minute:	$1.15
Subtotal:	$1,236.25

Physical Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97110	26			28		27	38				27	27	27					28	28	27		26			26	27	26					388
97112																						13										13
97116	16			16		17	11	16			16	12	16					16	17	16					16	17	17					219
97150					57			42						58	55						58											270
97530	13			13		12	10				14	18	13					15	13	13		16			15	14	13					192
PT Total	55.0			57.0	57.0	56.0	59.0	58.0			57.0	57.0	56.0	58.0	55.0			59.0	58.0	56.0	58.0	55.0			57.0	58.0	56.0					1082.0

Rate per Minute:	$1.15
Subtotal:	$1,244.30

Speech Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
92507	20			22	18	25	23	25			24	25	21		22	26		21	23	25	20	20				23	28					411
92526	24			20	25	18	17	17			16	16	17		18	13		20	17	15	20	20				19	12					324
ST Total	44.0			42.0	43.0	43.0	40.0	42.0			40.0	41.0	38.0		40.0	39.0		41.0	40.0	40.0	40.0	40.0				42.0	40.0					735.0

Rate per Minute:	$1.15
Subtotal:	$845.25

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
COOPER, ARLIE	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
TOTAL	144.0			155.0	161.0	156.0	154.0	161.0			153.0	155.0	149.0	113.0	153.0	39.0		161.0	157.0	156.0	143.0	155.0			113.0	161.0	153.0					2892.0

Amount Due:	$3,325.80

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
CRUCE, WILLIAM R.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110				38	41	36	37	37			38	39		38	41			38	38	36	41	41			41	38	36					654
97150	60												59																			119
97530				20	20	20	20	20			20	20		20	20			20	20	20	20	20			20	20	20					340
OT Total	60.0			58.0	61.0	56.0	57.0	57.0			58.0	59.0	59.0	58.0	61.0			58.0	58.0	56.0	61.0	61.0			61.0	58.0	56.0					1113.0

Rate per Minute:	$1.15
Subtotal:	$1,279.95

Physical Therapy																																
97110					28		27	26			28	27	28		26			26	28	27		26				28	27					352
97112					12		12	13			13	12	11		12			12	12	12		13			11	12	12					169
97150	30			57		58								58							58				30							291
97530	26				18		18	17			18	20	19		18			19	17	19		17			16	17	19					278
PT Total	56.0			57.0	58.0	58.0	57.0	56.0			59.0	59.0	58.0	58.0	56.0			57.0	57.0	58.0	58.0	56.0			57.0	57.0	58.0					1090.0

Rate per Minute:	$1.15
Subtotal:	$1,253.50

TOTAL	116.0			115.0	119.0	114.0	114.0	113.0			117.0	118.0	117.0	116.0	117.0			115.0	115.0	114.0	119.0	117.0			118.0	115.0	114.0					2203.0

Amount Due:	$2,533.45

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
DOSS, RICHARD	VA	03/01/2024 - 03/31/2024

Occupational Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97110	43				29	29		20			28	29	29	29	29			31			27											323
97150																				60												60
97530	15			30	32	29	30	36			29	28	29	29				30	29		29											375
97535				27			26								27				30													110
OT Total	58.0			57.0	61.0	58.0	56.0	56.0			57.0	57.0	58.0	58.0	56.0			61.0	59.0	60.0	56.0											868.0

Rate per Minute:	$1.15
Subtotal:	$998.20

Physical Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97110	26				25		26	24			24	26	24		24			24			24											247
97112	14						15	14			16	16	16	14	14			14	15	15	15											178
97150						28								28					29	28												113
97530	16				28	27	16	16			14	17	14	15	16			16	16	17	18											246
PT Total	56.0				53.0	55.0	57.0	54.0			54.0	59.0	54.0	57.0	54.0			54.0	60.0	60.0	57.0											784.0

Rate per Minute:	$1.15
Subtotal:	$901.60

Speech Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
92507	20			20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20												360
92526	21			23	24	22	21	23	21	22	23	24	21	22	24	19	23	22	24	23												402
ST Total	41.0			43.0	44.0	42.0	41.0	43.0	41.0	42.0	43.0	44.0	41.0	42.0	44.0	39.0	43.0	42.0	44.0	43.0												762.0

Rate per Minute:	$1.15
Subtotal:	$876.30

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
DOSS, RICHARD	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
TOTAL	155.0			100.0	158.0	155.0	154.0	153.0	41.0	42.0	154.0	160.0	153.0	157.0	154.0	39.0	43.0	157.0	163.0	163.0	113.0											2414.0

Amount Due:	$2,776.10

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
DROKE, HARVEY A.	VA	03/01/2024 - 03/31/2024

Occupational Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97110																				19							28	29	27			103
97167																			30													30
97530																			16	18	31	33			31	18	30	29	30			236
97535																					15	16			27	31						89
OT Total																			46.0	37.0	46.0	49.0			58.0	49.0	58.0	58.0	57.0			458.0

Rate per Minute:	$1.15
Subtotal:	$526.70

Physical Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97110																				22		15			21	17	22	24	22			143
97112																				14	15	16			19	15	16					95
97116																												13	19			32
97162																				26												26
97530																				17	28	22			18	25	19	19	16			164
PT Total																				79.0	43.0	53.0			58.0	57.0	57.0	56.0	57.0			460.0

Rate per Minute:	$1.15
Subtotal:	$529.00

Speech Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
92526																										63	44	43	22			172
92610																										30						30
ST Total																										93.0	44.0	43.0	22.0			202.0

Rate per Minute:	$1.15
Subtotal:	$232.30

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
DROKE, HARVEY A.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
TOTAL																			46.0	116.0	89.0	102.0			116.0	199.0	159.0	157.0	136.0			1120.0

Amount Due:	$1,288.00

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
EMBRY, EDDIE	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97530	45			29																												74
97535				29																												29
OT Total	45.0			58.0																												103.0

Rate per Minute:	$1.15
Subtotal:	$118.45

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97110	27			15																												42
97116	16			16																												32
97530	10			8																												18
PT Total	53.0			39.0																												92.0

Rate per Minute:	$1.15
Subtotal:	$105.80

TOTAL	98.0			97.0																												195.0

Amount Due:	$224.25

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
HILEMAN, LARRY R.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110						44		18				28	29	24				32			28				29							232
97150							50				50																					100
97167						30																										30
97530						15		16					29	30	29			29	27	13	28	29			28							273
97535												27			27				30	19		29									132
OT Total						89.0	50.0	34.0			50.0	55.0	58.0	54.0	56.0			61.0	57.0	32.0	56.0	58.0			57.0							767.0

Rate per Minute:	$1.15
Subtotal:	$882.05

Speech Therapy																																
92507							32	20	20		20	20	20		26	27		20	22	26	20	21			20	24	29	22				389
92523							30																									30
92526							31	22	23		24	23	22		14	13		20	18	14	19	18			20	16	12	22				331
92610							30																									30
ST Total							123.0	42.0	43.0		44.0	43.0	42.0		40.0	40.0		40.0	40.0	40.0	39.0	39.0			40.0	40.0	41.0	44.0				780.0

Rate per Minute:	$1.15
Subtotal:	$897.00

TOTAL						89.0	173.0	76.0	43.0		94.0	98.0	100.0	54.0	96.0	40.0		101.0	97.0	72.0	95.0	97.0			97.0	40.0	41.0	44.0				1547.0

Amount Due:	$1,779.05

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
HRACHOVINA, WILLIAM J.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92526	42		43	40	38	41	39	40		43	41	40	38		40			39	39												563
ST Total	42.0		43.0	40.0	38.0	41.0	39.0	40.0		43.0	41.0	40.0	38.0		40.0			39.0	39.0												563.0

Rate per Minute:	$1.15
Subtotal:	$647.45

TOTAL	42.0		43.0	40.0	38.0	41.0	39.0	40.0		43.0	41.0	40.0	38.0		40.0			39.0	39.0												563.0

Amount Due:	$647.45

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
JOHNSON, CECIL	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110				42	46	37	40	40			42	45	42	42	46			42	42		46											552
97150	60																			57												117
97530				15	15	20	15	15			15	15	15	15	15			15	15		15											200
OT Total	60.0			57.0	61.0	57.0	55.0	55.0			57.0	60.0	57.0	57.0	61.0			57.0	57.0	57.0	61.0											869.0

Rate per Minute:	$1.15
Subtotal:	$999.35

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97110							38	27				26		28				28		24												171
97112																		19														19
97116	17			17	15		12	18			15	16	17	19	17				16	18	17											214
97150	28			29	28	58					29		28		28				29		28											285
97530				14	14		8	11			14	15	14	10	14			11	14	14	14											167
PT Total	45.0			60.0	57.0	58.0	58.0	56.0			58.0	57.0	59.0	57.0	59.0			58.0	59.0	56.0	59.0											856.0

Rate per Minute:	$1.15
Subtotal:	$984.40

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
TOTAL	105.0			117.0	118.0	115.0	113.0	111.0			115.0	117.0	116.0	114.0	120.0			115.0	116.0	113.0	120.0											1725.0

Amount Due:	$1,983.75

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
MCWHERTER, WILBUR	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110	15			26	30	28	29	31			29		26	29																		243
97530	30			30	31	29	29	30				28		28	30																	265
97535											27	30	31		26																	114
OT Total	45.0			56.0	61.0	57.0	58.0	61.0			56.0	58.0	57.0	57.0	56.0																	622.0

Rate per Minute:	$1.15
Subtotal:	$715.30

Physical Therapy																																
97110	27				26	27	26	27			27	28	27	28	26																	269
97112	11				12	11	13	11			12	11	12	11	12																	116
97150				57																												57
97530	17				18	19	16	17			18	20	18	18	17																	178
PT Total	55.0			57.0	56.0	57.0	55.0	55.0			57.0	59.0	57.0	57.0	55.0																	620.0

Rate per Minute:	$1.15
Subtotal:	$713.00

Speech Therapy																																
92526					43	41	42	44	41	43	44	42	43		44			41	42													510
ST Total					43.0	41.0	42.0	44.0	41.0	43.0	44.0	42.0	43.0		44.0			41.0	42.0													510.0

Rate per Minute:	$1.15
Subtotal:	$586.50

TOTAL	100.0			113.0	160.0	155.0	155.0	160.0	41.0	43.0	157.0	159.0	157.0	114.0	155.0			41.0	42.0													1752.0

Amount Due:	$2,014.80

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
MERCER, JOHNNY G.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110																			43	33	34											110
97150																										60						60
97167																			30													30
97530																			18		19	61				19	58	56	52			283
OT Total																			91.0	33.0	53.0	61.0				79.0	58.0	56.0	52.0			483.0

Rate per Minute:	$1.15
Subtotal:	$555.45

Physical Therapy																																
97162																						44										44
PT Total																						44.0										44.0

Rate per Minute:	$1.15
Subtotal:	$50.60

TOTAL																			91.0	33.0	53.0	105.0				79.0	58.0	56.0	52.0			527.0

Amount Due:	$606.05

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
MOODY, CHARLES	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110				36	46	41	42																									165
97150	60																															60
97530				20	15	15	15																									65
OT Total	60.0			56.0	61.0	56.0	57.0																									290.0

Rate per Minute:	$1.15
Subtotal:	$333.50

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97110	26			28			26																									80
97112	12			12			12																									36
97150					57	58																										115
97530	17			18			19																									54
PT Total	55.0			58.0	57.0	58.0	57.0																									285.0

Rate per Minute:	$1.15
Subtotal:	$327.75

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
TOTAL	115.0			114.0	118.0	114.0	114.0																									575.0

Amount Due:	$661.25

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
OSWALT, JIMMY L.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110	46			43	46		46	46			42	43		42				57		60												471
97150						60							59		60				60													239
97530							18	17			15	15		15					18													98
97535					17										17																	34
OT Total	46.0			43.0	63.0	60.0	64.0	63.0			57.0	58.0	59.0	57.0	77.0			57.0	78.0	60.0												842.0

Rate per Minute:	$1.15
Subtotal:	$968.30

Physical Therapy																																
97110	23			24			34					32	26		27			27	24	24												241
97112	14			14		14					15		16	14	14			14	15	16												146
97150					30	28		30			29			28																		145
97530	17			16	23	15	23	24			14	23	12	15	16			17	15	17												247
PT Total	54.0			54.0	53.0	57.0	57.0	54.0			58.0	55.0	54.0	57.0	57.0			58.0	54.0	57.0												779.0

Rate per Minute:	$1.15
Subtotal:	$895.85

TOTAL	100.0			97.0	116.0	117.0	121.0	117.0			115.0	113.0	113.0	114.0	134.0			115.0	132.0	117.0												1621.0

Amount Due:	$1,864.15

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
PATTERSON, BOYD W.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97167																						30				30						60
OT Total																						30.0				30.0						60.0

Rate per Minute:	$1.15
Subtotal:	$69.00

TOTAL																						30.0				30.0						60.0

Amount Due:	$69.00

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
PIERCE, GEORGE R.	VA	03/01/2024 - 03/31/2024

Occupational Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97110	41				32	26	29	29				29		29	28			29	29	41	29	29			29	32	29		28			518
97150				60							50																	60				170
97530	17				29		29	32				29	27	29	29			32	29	13	29				28	29	27		29			437
97535				18		30							29									31										108
OT Total	58.0			78.0	61.0	56.0	58.0	61.0			50.0	58.0	56.0	58.0	57.0			61.0	58.0	54.0	58.0	60.0			57.0	61.0	56.0	60.0	57.0			1233.0

Rate per Minute:	$1.15
Subtotal:	$1,417.95

Physical Therapy

97110	22						26					43	25	27	26					25						25	24		22			265
97112	16			14			14				14							14	15	14					15	14	15	15	14			174
97150				29	30	30		30			29							28	29			30			28			28				291
97162	24																															24
97530	16			15	24	24	17	25			16	10	28	26	28			17	16	16		17			16	17	18	19	17			382
PT Total	78.0			58.0	54.0	54.0	57.0	55.0			59.0	53.0	53.0	53.0	54.0			59.0	60.0	55.0		47.0			59.0	56.0	57.0	62.0	53.0			1136.0

Rate per Minute:	$1.15
Subtotal:	$1,306.40

TOTAL	136.0			136.0	115.0	110.0	115.0	116.0			109.0	111.0	109.0	111.0	111.0			120.0	118.0	109.0	58.0	107.0			116.0	117.0	113.0	122.0	110.0			2369.0

Amount Due:	$2,724.35

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
PURKEYPILE, GARY L.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110	43			58	51	59	57	55																								323
97530					10																											10
97535	14																															14
OT Total	57.0			58.0	61.0	59.0	57.0	55.0																								347.0

Rate per Minute:	$1.15
Subtotal:	$399.05

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97110	24			24			59																									107
97112	14			15	13																											42
97150					30	30		30																								90
97530	15			16	14	24		26																								95
PT Total	53.0			55.0	57.0	54.0	59.0	56.0																								334.0

Rate per Minute:	$1.15
Subtotal:	$384.10

TOTAL	110.0			113.0	118.0	113.0	116.0	111.0																								681.0

Amount Due:	$783.15

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
SARGENT, JERRY L.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110																											43					43
97150																												60	55			115
97167																											30					30
97530																											18					18
OT Total																											91.0	60.0	55.0			206.0

Rate per Minute:	$1.15
Subtotal:	$236.90

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97110																											24	25	27			76
97112																											14					14
97116																												16	16			32
97162																											24					24
97530																											16	15	16			47
PT Total																											78.0	56.0	59.0			193.0

Rate per Minute:	$1.15
Subtotal:	$221.95

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92507																											30	18				48
92523																											30					30
92526																											30	21				51
92610																											30					30

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
SARGENT, JERRY L.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
ST Total																											120.0	39.0				159.0

Rate per Minute:	$1.15
Subtotal:	$182.85

TOTAL																											289.0	155.0	114.0			558.0

Amount Due:	$641.70

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
SCHUMACHER, PAUL A.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92507				20	24	22																										66
92526				20	17	18																										55
ST Total				40.0	41.0	40.0																										121.0

Rate per Minute:	$1.15
Subtotal:	$139.15

TOTAL				40.0	41.0	40.0																										121.0

Amount Due:	$139.15

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VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
TAYLOR, LARRY G.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110					30	30	29	30			27	27																				173
97150	50																															50
97530				28		28	28				31	29																				144
97535				30	31			31																								92
OT Total	50.0			58.0	61.0	58.0	57.0	61.0			58.0	56.0																				459.0

Rate per Minute:	$1.15
Subtotal:	$527.85

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97110	27			28		24	38	26			28	29																				200
97116	17			16		15	10	17			16	17																				108
97150					57																											57
97530	14			15		14	10	12			13	13																				91
PT Total	58.0			59.0	57.0	53.0	58.0	55.0			57.0	59.0																				456.0

Rate per Minute:	$1.15
Subtotal:	$524.40

TOTAL	108.0			117.0	118.0	111.0	115.0	116.0			115.0	115.0																				915.0

Amount Due:	$1,052.25

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
TENNYSON, DONNIE E.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110	43			28		33	43																									147
97150					60																											60
97167																										30						30
97530	16				17		15																			18		12	26			104
97535				30																												30
97542																										39	18	44	30			131
OT Total	59.0			58.0	77.0	33.0	58.0																			87.0	18.0	56.0	56.0			502.0

Rate per Minute:	$1.15
Subtotal:	$577.30

Physical Therapy																																
97110	24					25	43																									92
97116	21			16	14	14																										65
97150				29	29																											58
97530	13			14	15	15	12																									69
PT Total	58.0			59.0	58.0	54.0	55.0																									284.0

Rate per Minute:	$1.15
Subtotal:	$326.60

TOTAL	117.0			117.0	135.0	87.0	113.0																			87.0	18.0	56.0	56.0			786.0

Amount Due:	$903.90

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
WEBB, ROBERT	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110				37	46	38	36	45			37	41	40		46			42														408
97150	45																			57												102
97530				20	15	20	20	18			20	15	20	23	15			15														201
OT Total	45.0			57.0	61.0	58.0	56.0	63.0			57.0	56.0	60.0	23.0	61.0			57.0		57.0												711.0

Rate per Minute:	$1.15
Subtotal:	$817.65

Physical Therapy																																
97110				29	28		28		26		28	29	28		26			28														250
97116	19			18	17		18		16		18	17	18		17			17														175
97150	30					58														58												146
97530	9			11	14		13		16		12	13	11		13			13														125
PT Total	58.0			58.0	59.0	58.0	59.0		58.0		58.0	59.0	57.0		56.0			58.0		58.0												696.0

Rate per Minute:	$1.15
Subtotal:	$800.40

TOTAL	103.0			115.0	120.0	116.0	115.0	63.0	58.0		115.0	115.0	117.0	23.0	117.0			115.0		115.0												1407.0

Amount Due:	$1,618.05

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
WELDON, CHARLES	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110														42	46				44	41					46	43		44	25			331
97150																		60			60											120
97167														30																		30
97530														17	17				17	18	14				15	19	30		27			174
97535																		19									28	18				65
OT Total														89.0	63.0			79.0	61.0	59.0	74.0				61.0	62.0	58.0	62.0	52.0			720.0

Rate per Minute:	$1.15
Subtotal:	$828.00

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Physical Therapy																																
97110											16	24	24	24					24						27	24	24		26			213
97112											14	14	14	15																		57
97116															16			16		15	15				15	15	16	16	17			141
97150															28			28		28	28							28				140
97162											22																					22
97530											16	16	17	17	15			15	29	14	14	24			16	16	15	14	15			253
PT Total											68.0	54.0	55.0	56.0	59.0			59.0	53.0	57.0	57.0	24.0			58.0	55.0	55.0	58.0	58.0			826.0

Rate per Minute:	$1.15
Subtotal:	$949.90

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92507											31	20	20		20		20	20	20	20				20	20		20	20	20	21		292
92523											30																					30
92526											32	24	22		23		21	24	22	23				21	24		23	22	23	20		324
92610											30																					30

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
WELDON, CHARLES	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
ST Total											123.0	44.0	42.0		43.0		41.0	44.0	42.0	43.0				41.0	44.0		43.0	42.0	43.0	41.0		676.0

Rate per Minute:	$1.15
Subtotal:	$777.40

TOTAL											191.0	98.0	97.0	145.0	165.0		41.0	182.0	156.0	159.0	131.0	24.0		41.0	163.0	117.0	156.0	162.0	153.0	41.0		2222.0

Amount Due:	$2,555.30

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
WILLIAMS, WILLIAM G.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Occupational Therapy																																
97110				38		38	42	36			38	37	43	38	41			43	41		46	46										527
97150	45																			57												102
97530				20	61	20	15	20			20	20	15	20	20			15	15		15	15										291
OT Total	45.0			58.0	61.0	58.0	57.0	56.0			58.0	57.0	58.0	58.0	61.0			58.0	56.0	57.0	61.0	61.0										920.0

Rate per Minute:	$1.15
Subtotal:	$1,058.00

Physical Therapy																																
97110	27				26	28	27				28	29	27	28				28	26		28	28										330
97112					14																											14
97116	16					16	16	17			17	18	17	16				17	16		16	17										199
97150				57				42							55					58												212
97530	14				16	14	13				12	12	14	12				14	15		12	13										161
PT Total	57.0			57.0	56.0	58.0	56.0	59.0			57.0	59.0	58.0	56.0	55.0			59.0	57.0	58.0	56.0	58.0										916.0

Rate per Minute:	$1.15
Subtotal:	$1,053.40

TOTAL	102.0			115.0	117.0	116.0	113.0	115.0			115.0	116.0	116.0	114.0	116.0			117.0	113.0	115.0	117.0	119.0										1836.0

Amount Due:	$2,111.40

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
WILTSHIRE, HOMER	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92526													30		42	39		41	40	39	41	40			38	40	42	40	44			516
92610													30																			30
ST Total													60.0		42.0	39.0		41.0	40.0	39.0	41.0	40.0			38.0	40.0	42.0	40.0	44.0			546.0

Rate per Minute:	$1.15
Subtotal:	$627.90

TOTAL													60.0		42.0	39.0		41.0	40.0	39.0	41.0	40.0			38.0	40.0	42.0	40.0	44.0			546.0

Amount Due:	$627.90

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
YOUNG, CHARLES P.	VA	03/01/2024 - 03/31/2024

Occupational Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97110	46				46	31	24	42																			31	19	28			267
97150				60																												60
97167																											30					30
97530	11			18	18			21																					25			93
97535							15																									15
OT Total	57.0			78.0	64.0	31.0	39.0	63.0																			61.0	19.0	53.0			465.0

Rate per Minute:	$1.15
Subtotal:	$534.75

Physical Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
97110	24			26		24	38	26																			22		26			186
97112					15	14		14																			14		15			72
97116	14			14																												28
97150					29																											29
97162																											22					22
97530	15			14		15	15	15																			18	27	17			136
PT Total	53.0			54.0	44.0	53.0	53.0	55.0																			76.0	27.0	58.0			473.0

Rate per Minute:	$1.15
Subtotal:	$543.95

Speech Therapy

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
92507																											31	22	20			73
92523																											30					30
92526																											32	22	23			77
92610																											30					30

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

VA- Service Connected Resident - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
YOUNG, CHARLES P.	VA	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
ST Total																											123.0	44.0	43.0			210.0

Rate per Minute:	$1.15
Subtotal:	$241.50

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
TOTAL	110.0			132.0	108.0	84.0	92.0	118.0																			260.0	90.0	154.0			1148.0

Amount Due:	$1,320.20

Private Pay - List of Patients

TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

Patient Name (Last, First)	OT		PT		ST		Total Charges
	Min	Charges	Min	Charges	Min	Charges	
LANG, JAMES	0.0	0.00	0.0	0.00	251.0	288.65	$288.65
TALLEY, AMOS A.	0.0	0.00	0.0	0.00	141.0	162.15	$162.15
Totals:	0.0	0.00	0.0	0.00	392.0	450.80	$450.80

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

Private Pay - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
LANG, JAMES	Private Pay	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92526												30	39		39				37	37	39											221
92610												30																				30
ST Total												60.0	39.0		39.0				37.0	37.0	39.0											251.0

Rate per Minute:	$1.15
Subtotal:	$288.65

TOTAL												60.0	39.0		39.0				37.0	37.0	39.0											251.0

Amount Due:	$288.65

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

Private Pay - Details
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024

Resident Name (Last, First)	Payer Source	Service Dates
TALLEY, AMOS A.	Private Pay	03/01/2024 - 03/31/2024

CPT Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Minutes
Speech Therapy																																
92507														15	12	13																40
92523														15																		15
92526														30	14	12																56
92610														30																		30
ST Total														90.0	26.0	25.0																141.0

Rate per Minute:	$1.15
Subtotal:	$162.15

TOTAL														90.0	26.0	25.0																141.0

Amount Due:	$162.15

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

Onsite Labor Summary
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

Physical Therapy			
Employee Name	Rehab Type	Onsite Time	Total Hours
Bryant, John	PT	57.58	85.58
Horton, Tim	PT	1.57	1.57
James, Jonathan CM	PTA	183.88	183.88
Lanade, Danielle	PTA	13.57	13.57
Robertson, Olivia	PTAIDE	162.32	168.32
Torres, Jessica	PTA	168.45	168.45
Subtotal		**587.37**	**621.37**

Occupational Therapy			
Employee Name	Rehab Type	Onsite Time	Total Hours
Crawford, Enquinetta	OTAIDE	155.27	155.27
Fly, Robert	COTA	160.22	168.22
Orgain, Jeff	OT	119.30	168.55
Revelle, Whitney	COTA	159.87	167.70
Richardson, Devon	OTAIDE	127.98	167.98
Subtotal		**722.63**	**827.72**

Speech Therapy			
Employee Name	Rehab Type	Onsite Time	Total Hours
Maxwell, Deidre	SLP/CF	100.73	131.07
Via, Mary	SLP	153.42	165.42
Subtotal		**254.15**	**296.48**

Total		**1564.15**	**1745.57**

Onsite Time = Logged time in facility only Total Hours = Onsite + Drive + Benefit Time

Patient Minutes List
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

Payer Plan: Medicare Part A PDPM Percentage Per Patient Name (Last, First)	PT Minutes	OT Minutes	ST Minutes	Total Minutes
BROWN, JACQUELYN	69	0	120	189
DESLAURIERS, RICHARD V.	190	154	211	555
DUNN, CARLOS	587	617	504	1,708
GRAVES, JOYCE S.	876	962	831	2,669
JACKSON, VERLAN	1,191	1,157	934	3,282
LUTHER, DAVID D.	710	737	676	2,123
MURRAY, JOEL	292	391	390	1,073
REED, DAVID L.	0	0	611	611
ROSS, JOHN	0	0	276	276
SIMPSON, BILLY M.	32	30	253	315
TAYLOR, JANICE	755	642	578	1,975
THOMASON, LINDA	733	758	665	2,156
WILSON, ERVIN C.	0	0	246	246
Total for Medicare Part A PDPM Percentage	**5,435**	**5,448**	**6,295**	**17,178**

Payer Plan: Medicare Part B (Palmetto) Patient Name (Last, First)	PT Minutes	OT Minutes	ST Minutes	Total Minutes
ALLEN, TIMOTHY O.	0	30	0	30
BIRD, JOHN	506	434	0	940
BRADLEY, AARON D.	272	251	0	523
BRYAN, JANICE Q.	708	843	0	1,551
EDMAISTON, RONNIE E.	460	450	0	910
HARRISON, CHARLES J.	0	258	0	258
INGRAM, ALFREDIA R.	0	0	195	195
JONES, PHILLIP M.	0	0	254	254
MCMAHON, ROBERT R.	80	198	0	278
WARRINGTON, DONNA	0	0	463	463
WILLIAMS, MARY E.	914	979	0	1,893
Total for Medicare Part B (Palmetto)	**2,940**	**3,443**	**912**	**7,295**

Payer Plan: Private Pay Patient Name (Last, First)	PT Minutes	OT Minutes	ST Minutes	Total Minutes
LANG, JAMES	0	0	251	251
TALLEY, AMOS A.	0	0	141	141
Total for Private Pay	**0**	**0**	**392**	**392**

Payer Plan: VA- Service Connected Resident Patient Name (Last, First)	PT Minutes	OT Minutes	ST Minutes	Total Minutes
ANDERSON, JOHN R.	0	30	566	596
BARNETT, TOMMY L.	924	1,021	0	1,945
BRADLEY, WILLIAM D.	1,085	1,103	0	2,188
COMPTON, HAROLD	656	535	0	1,191
COOPER, ARLIE	1,082	1,075	735	2,892
CRUCE, WILLIAM R.	1,090	1,113	0	2,203
DOSS, RICHARD	784	868	762	2,414
DROKE, HARVEY A.	460	458	202	1,120

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

Patient Minutes List
TN Veterans Humboldt

Invoice No.: 155201
Invoice Date: 04/01/2024
Service Dates: 03/01/2024 - 03/31/2024

EMBRY, EDDIE	92	103	0	195
HILEMAN, LARRY R.	0	767	780	1,547
HRACHOVINA, WILLIAM J.	0	0	563	563
JOHNSON, CECIL	856	869	0	1,725
MCWHERTER, WILBUR	620	622	510	1,752
MERCER, JOHNNY G.	44	483	0	527
MOODY, CHARLES	285	290	0	575
OSWALT, JIMMY L.	779	842	0	1,621
PATTERSON, BOYD W.	0	60	0	60
PIERCE, GEORGE R.	1,136	1,233	0	2,369
PURKEYPILE, GARY L.	334	347	0	681
SARGENT, JERRY L.	193	206	159	558
SCHUMACHER, PAUL A.	0	0	121	121
TAYLOR, LARRY G.	456	459	0	915
TENNYSON, DONNIE E.	284	502	0	786
WEBB, ROBERT	696	711	0	1,407
WELDON, CHARLES	826	720	676	2,222
WILLIAMS, WILLIAM G.	916	920	0	1,836
WILTSHIRE, HOMER	0	0	546	546
YOUNG, CHARLES P.	473	465	210	1,148
Total for VA- Service Connected Resident	**14,071**	**15,802**	**5,830**	**35,703**
Grand Total	**22,446**	**24,693**	**13,429**	**60,568**

This document contains Protected Health Information (PHI) and therefore must be disposed of properly.

Functional Pathways

Therapy that exceeds expectations.

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Invoice

Date	Number
04/01/2024	155213

Service Dates
03/01/2024 - 03/31/2024

Ben Atchley State Veteran's
TN Veterans Knoxville
P. O. Box 10748
Murfreesboro, TN 37129

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

	Due Date	Terms
	05/01/2024	Net 30 Days

Description	Discipline Amount	Amount
Medicare Part A PDPM Percentage Per Component		4,418.30
OT : 1,738 Minutes	1,998.70	
PT : 1,537 Minutes	1,767.55	
ST : 567 Minutes	652.05	
Medicare Part B (Palmetto)		9,927.95
OT : 2,986 Minutes	3,433.90	
PT : 3,759 Minutes	4,322.85	
ST : 1,888 Minutes	2,171.20	
VA		11,521.85
OT : 3,974 Minutes	4,570.10	
PT : 4,194 Minutes	4,823.10	
ST : 1,851 Minutes	2,128.65	
VA- Service Connected Resident		11,709.30
OT : 3,327 Minutes	3,826.05	
PT : 5,871 Minutes	6,751.65	
ST : 984 Minutes	1,131.60	
Humana Mgd Part B		5,810.95
OT : 2,497 Minutes	2,871.55	
PT : 1,732 Minutes	1,991.80	
ST : 824 Minutes	947.60	
Managed Care B		4,210.15
OT : 1,717 Minutes	1,974.55	
PT : 873 Minutes	1,003.95	
ST : 1,071 Minutes	1,231.65	
Sub Total of All Charges Before Prior Period Adjustments		47,598.50
Sub Total - PT	20,660.90	
Sub Total - OT	18,674.85	
Sub Total - ST	8,262.75	

Invoice Total	$ 47,598.50
PT	$ 20,660.90
OT	$ 18,674.85
ST	$ 8,262.75

Note: Cannot be signed by requistioner or person who made purchase

Facility: Knoxville

PO# 67259

Vendor Name: Functional Pathways

I hereby certify that above articles/services have ~~been received~~/completed.

By _____ **Date** 4-2

Print Name Jessica Ryder **Title** RCA

Functional Pathways

Therapy that exceeds expectations.

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Invoice

Date	Number
04/01/2024	155213

Service Dates
03/01/2024 - 03/31/2024

Ben Atchley State Veteran's
TN Veterans Knoxville
P. O. Box 10748
Murfreesboro, TN 37129

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
05/01/2024	Net 30 Days

Description	Quantity	Rate	Amount
Medicare Part A PDPM Percentage Per Component - OT			1,998.70
Medicare Part A PDPM Percentage Per Component - PT			1,767.55
Medicare Part A PDPM Percentage Per Component - ST			652.05
Medicare Part B (Palmetto) - OT			3,433.90
Medicare Part B (Palmetto) - PT			4,322.85
Medicare Part B (Palmetto) - ST			2,171.20
VA - OT			4,570.10
VA - PT			4,823.10
VA - ST			2,128.65
VA- Service Connected Resident - OT			3,826.05
VA- Service Connected Resident - PT			6,751.65
VA- Service Connected Resident - ST			1,131.60
Humana Mgd Part B - OT			2,871.55
Humana Mgd Part B - PT			1,991.80
Humana Mgd Part B - ST			947.60
Managed Care B - OT			1,974.55
Managed Care B - PT			1,003.95
Managed Care B - ST			1,231.65
Medicare Part B (Palmetto) - OT $97.75			
VA - OT ($97.75)			

Invoice Total $ 47,598.50

Functional Pathways

Therapy that exceeds expectations.

Invoice

Date	Number
04/01/2024	155250-1

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Service Dates
03/01/2024 - 03/31/2024

TN Veterans Murfreesboro
P. O. Box 10748
Murfreesboro, TN 37129

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
05/01/2024	Net 30 Days

Description	Quantity	Rate	Amount
Medicare Part A PDPM Percentage Per Component - OT			4,494.20
Medicare Part A PDPM Percentage Per Component - PT			3,857.10
Medicare Part A PDPM Percentage Per Component - ST			457.70
Medicare Part B (Palmetto) - OT			1,818.15
Medicare Part B (Palmetto) - PT			2,843.95
Medicare Part B (Palmetto) - ST			179.40
VA- Service Connected Resident - OT			18,397.70
VA- Service Connected Resident - PT			19,011.80
VA- Service Connected Resident - ST			1,620.35
Managed Care B - OT			44.85
Restorative Nurse	1.00	8,566.00	8,566.00

Invoice Total $ 61,291.20

Note: Cannot be signed by requistioner or person who made purchase
Facility: Murf. 64311
PO#
Vendor Name: Functional Pathways
I hereby certify that above articles/services have been received/completed.
By [signature] Date 4/2/24
Print Name Lemberlie L Title Resp.

[signature], PA 4/2/2024

Functional Pathways

Excellence in Rehabilitation

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Invoice

Account No.	
930015	
Date	**Number**
05/02/2024	158274

Service Dates
04/01/2024 - 04/30/2024

TN Veterans Cleveland
1940 Westland Drive SW
Cleveland, TN 37311

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
06/01/2024	Net 30 Days

Description	Quantity	Rate	Amount
Medicare Part A PDPM Percentage Per Component - OT			112.70
Medicare Part A PDPM Percentage Per Component - PT			184.00
Medicare Part B (Palmetto) - OT			100.05
Medicare Part B (Palmetto) - PT			95.45
Medicare Part B (Palmetto) - ST			155.25
VA- Service Connected Resident - OT			7,671.65
VA- Service Connected Resident - PT			7,446.25
VA- Service Connected Resident - ST			1,443.25
Private Pay - PT			271.40

Invoice Total $ 17,480.00

Note: Cannot be signed by requisitioner or person who made the purchase.

Facility: Cleveland

PO#: 67776

Vendor: Functional Pathways

I hereby certify that these articles/services have been received/completed.

Functional Pathways
Excellence in Rehabilitation

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Invoice

Account No.	
930015	
Date	**Number**
05/02/2024	158274

Service Dates
04/01/2024 - 04/30/2024

TN Veterans Cleveland
1940 Westland Drive SW
Cleveland, TN 37311

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
06/01/2024	Net 30 Days

Description	Discipline Amount	Amount
Medicare Part A PDPM Percentage Per Component		296.70
OT : 98 Minutes	112.70	
PT : 160 Minutes	184.00	
Medicare Part B (Palmetto)		350.75
OT : 87 Minutes	100.05	
PT : 83 Minutes	95.45	
ST : 135 Minutes	155.25	
VA- Service Connected Resident		16,561.15
OT : 6,671 Minutes	7,671.65	
PT : 6,475 Minutes	7,446.25	
ST : 1,255 Minutes	1,443.25	
Private Pay		271.40
PT : 236 Minutes	271.40	
Sub Total of All Charges Before Prior Period Adjustments		17,480.00
Sub Total - PT	7,997.10	
Sub Total - OT	7,884.40	
Sub Total - ST	1,598.50	

Invoice Total $ 17,480.00

PT	$ 7,997.10
OT	$ 7,884.40
ST	$ 1,598.50

Functional Pathways

Therapy that exceeds expectations.

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Invoice

Date	Number
05/01/2024	158192

Service Dates
04/01/2024 - 04/30/2024

TN Veterans Clarksville
250 Arrowood Drive
Clarksville, TN

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

	Due Date	Terms
	05/31/2024	Net 30 Days

Description	Discipline Amount	Amount
Medicare Part A PDPM Percentage Per Component		3,907.70
OT : 1,042 Minutes	1,198.30	
PT : 1,689 Minutes	1,942.35	
ST : 667 Minutes	767.05	
Medicare Part B (Palmetto)		10,864.05
OT : 2,649 Minutes	3,045.20	
PT : 6,587 Minutes	7,575.05	
ST : 212 Minutes	243.80	
VA- Service Connected Resident		41,677.15
OT : 14,328 Minutes	16,477.20	
PT : 16,100 Minutes	18,515.00	
ST : 5,813 Minutes	6,684.95	
Restorative Nursing	11,432.00	11,432.00
Sub Total of All Charges Before Prior Period Adjustments		56,448.90
Sub Total - PT	28,032.40	
Sub Total - OT	20,720.70	
Sub Total - ST	7,695.80	

Invoice Total $ 67,880.90

PT	$ 28,032.40
OT	$ 20,720.70
ST	$ 7,695.80

Note: Cannot be signed by requisitioner or person who made the purchase.

Facility: Clarksville
PO#: 67565
Vendor: Functional Pathways

I hereby certify that these articles/services have been received/completed.

Brandi Cardenas Digitally signed by Brandi Cardenas Date: 2024.05.03 08:38:45 -05'00'

Functional Pathways

Therapy that exceeds expectations.

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Invoice

Date	Number
05/01/2024	158192

Service Dates
04/01/2024 - 04/30/2024

TN Veterans Clarksville
250 Arrowood Drive
Clarksville, TN

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
05/31/2024	Net 30 Days

Description	Quantity	Rate	Amount
Medicare Part A PDPM Percentage Per Component - OT			1,198.30
Medicare Part A PDPM Percentage Per Component - PT			1,942.35
Medicare Part A PDPM Percentage Per Component - ST			767.05
Medicare Part B (Palmetto) - OT			3,045.20
Medicare Part B (Palmetto) - PT			7,575.05
Medicare Part B (Palmetto) - ST			243.80
VA- Service Connected Resident - OT			16,477.20
VA- Service Connected Resident - PT			18,515.00
VA- Service Connected Resident - ST			6,684.95
Restorative Nursing	1.00	11,432.00	11,432.00
		Invoice Total	$ 67,880.90

Functional Pathways

Therapy that exceeds expectations.

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Invoice

Date	Number
05/01/2024	158191

Service Dates
04/01/2024 - 04/30/2024

Note: Cannot be signed by requisitioner or person who made the purchase.

TN Veterans Humboldt
P. O. Box 10748
Murfreesboro, TN 37129

Facility: Humboldt
PO#:
Vendor: Functional Pathways

I hereby certify that these articles/services have been received/completed.

Greg Turnbo Digitally signed by Greg Turnbo Date: 2024.05.03 08:45:27 -05'00'

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
05/31/2024	Net 30 Days

Description	Discipline Amount	Amount
Medicare Part A PDPM Percentage Per Component		24,192.55
OT : 7,404 Minutes	8,618.10	
PT : 7,244 Minutes	8,330.60	
ST : 6,299 Minutes	7,243.85	
Medicare Part B (Palmetto)		12,567.20
OT : 5,215 Minutes	6,078.90	
PT : 4,962 Minutes	5,706.30	
ST : 680 Minutes	782.00	
VA- Service Connected Resident		43,778.20
OT : 15,066 Minutes	17,325.90	
PT : 13,855 Minutes	15,933.25	
ST : 9,147 Minutes	10,519.05	
Restorative Nursing	11,432.00	11,432.00
Sub Total of All Charges Before Prior Period Adjustments		90,537.95
Sub Total - PT	29,970.15	
Sub Total - OT	32,022.90	
Sub Total - ST	18,544.90	
Prior Month Adjustments		-95.45
Prior Month Adjustments - PT	-95.45	

Invoice Total $ 91,874.50

PT	$ 29,970.15
OT	$ 32,022.90
ST	$ 18,449.45

Functional Pathways
Therapy that exceeds expectations.

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Invoice With Adjustments

Date	Number
05/01/2024	158191

Service Dates
04/01/2024 - 04/30/2024

TN Veterans Humboldt
P. O. Box 10748
Murfreesboro, TN 37129

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
05/31/2024	Net 30 Days

Description	Quantity	Rate	Amount
Medicare Part A PDPM Percentage Per Component - OT			8,618.10
Medicare Part A PDPM Percentage Per Component - PT			8,330.60
Medicare Part A PDPM Percentage Per Component - ST			7,243.85
Medicare Part B (Palmetto) - OT			6,078.90
Medicare Part B (Palmetto) - PT			5,706.30
Medicare Part B (Palmetto) - ST			782.00
VA- Service Connected Resident - OT			17,325.90
VA- Service Connected Resident - PT			15,933.25
VA- Service Connected Resident - ST			10,519.05
Restorative Nursing	1.00	11,432.00	11,432.00
Prior Month Adjustments - Payers			-95.45
Medicare Part A PDPM Percentage Per Component - ST (95.45)			

Invoice Total $ 91,874.50

Functional Pathways

Therapy that exceeds expectations.

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Invoice

Date	Number
05/01/2024	158190

Service Dates
04/01/2024 - 04/30/2024

Ben Atchley State Veteran's
TN Veterans Knoxville
P. O. Box 10748
Murfreesboro, TN 37129

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
05/31/2024	Net 30 Days

Description	Quantity	Rate	Amount
Medicare Part A PDPM Percentage Per Component - OT			1,422.55
Medicare Part A PDPM Percentage Per Component - PT			1,434.05
Medicare Part A PDPM Percentage Per Component - ST			845.25
Medicare Part B (Palmetto) - OT			2,546.10
Medicare Part B (Palmetto) - PT			3,348.80
Medicare Part B (Palmetto) - ST			982.10
Medicaid - PT			46.00
VA - OT			3,768.55
VA - PT			3,507.50
VA - ST			2,067.70
VA- Service Connected Resident - OT			4,646.00
VA- Service Connected Resident - PT			6,369.85
VA- Service Connected Resident - ST			3,590.30
Managed Care A - Humana - OT			670.45
Managed Care A - Humana - PT			529.00
Managed Care A - Humana - ST			386.40
Humana Mgd Part B - OT			2,779.55
Humana Mgd Part B - PT			3,192.40
Humana Mgd Part B - ST			495.65
Managed Care B - OT			1,650.25
Managed Care B - PT			1,980.30
Managed Care B - ST			1,116.65
Restorative Care	1.00	4,091.00	4,091.00

Invoice Total $ 51,466.40

Functional Pathways

Therapy that exceeds expectations.

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Invoice

Date	Number
05/01/2024	158190

Service Dates
04/01/2024 - 04/30/2024

Ben Atchley State Veteran's
TN Veterans Knoxville
P. O. Box 10748
Murfreesboro, TN 37129

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
05/31/2024	Net 30 Days

Description	Discipline Amount	Amount
Medicare Part A PDPM Percentage Per Component		3,701.85
OT : 1,237 Minutes	1,422.55	
PT : 1,247 Minutes	1,434.05	
ST : 735 Minutes	845.25	
Medicare Part B (Palmetto)		6,877.00
OT : 2,214 Minutes	2,546.10	
PT : 2,912 Minutes	3,348.80	
ST : 854 Minutes	982.10	
Medicaid		46.00
PT : 40 Minutes	46.00	
VA		9,343.75
OT : 3,277 Minutes	3,768.55	
PT : 3,050 Minutes	3,507.50	
ST : 1,798 Minutes	2,067.70	
VA- Service Connected Resident		14,606.15
OT : 4,040 Minutes	4,646.00	
PT : 5,539 Minutes	6,369.85	
ST : 3,122 Minutes	3,590.30	
Managed Care A - Humana		1,585.85
OT : 583 Minutes	670.45	
PT : 460 Minutes	529.00	
ST : 336 Minutes	386.40	
Humana Mgd Part B		6,467.60
OT : 2,417 Minutes	2,779.55	
PT : 2,776 Minutes	3,192.40	
ST : 431 Minutes	495.65	
Managed Care B		4,747.20
OT : 1,435 Minutes	1,650.25	
PT : 1,722 Minutes	1,980.30	

Description	Discipline Amount	Amount
ST : 971 Minutes	1,116.65	
Restorative Care	4,091.00	4,091.00
Sub Total of All Charges Before Prior Period Adjustments		47,375.40
Sub Total - PT	20,407.90	
Sub Total - OT	17,483.45	
Sub Total - ST	9,484.05	

Invoice Total $ 51,466.40

PT	$ 20,407.90
OT	$ 17,483.45
ST	$ 9,484.05

Note: Cannot be signed by requistioner or person who made purchase.

Facility: Knoxville

PO# 61259

Vendor Name: Functional Pathways

I hereby certify that above articles/services have been received/completed.

By _____ **Date** 5-14

Print Name _____ **Title** _____

Functional Pathways

Therapy that exceeds expectations.

Invoice With Adjustments

Date	Number
05/01/2024	158160-2

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Service Dates
04/01/2024 - 04/30/2024

TN Veterans Murfreesboro
P. O. Box 10748
Murfreesboro, TN 37129

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
05/31/2024	Net 30 Days

Description	Quantity	Rate	Amount
Medicare Part A PDPM Percentage Per Component - OT			3,974.40
Medicare Part A PDPM Percentage Per Component - PT			3,535.10
Medicare Part A PDPM Percentage Per Component - ST			814.20
Medicare Part B (Palmetto) - OT			2,778.40
Medicare Part B (Palmetto) - PT			3,960.60
Medicare Part B (Palmetto) - ST			69.00
VA- Service Connected Resident - OT			18,275.80
VA- Service Connected Resident - PT			19,946.75
VA- Service Connected Resident - ST			611.80
Restorative Nurse	1.00	7,969.00	7,969.00
Prior Month Adjustments - Payers			-220.80
Medicare Part A PDPM Percentage Per Component - ST $27.60			
Medicare Part B (Palmetto) - OT $548.55			
Medicare Part B (Palmetto) - PT $555.45			
VA- Service Connected Resident - PT ($795.80)			
VA- Service Connected Resident - OT ($579.60)			
VA- Service Connected Resident - ST $23.00			

Invoice Total $ 61,714.25

Note: Cannot be signed by requistioner or person who made purchase

Facility: MUVF
PO#
Vendor Name: Functional Pathways
I hereby certify that above articles/services have been received/completed.
By Rhonda Woodbright Date 5-2-24
Print Name RWoodbright Title HR

67628

James Clark, Pas. 5/2/2024

Functional Pathways

Therapy that exceeds expectations.

Invoice With Adjustments

Date	Number
05/01/2024	158160-2

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Service Dates
04/01/2024 - 04/30/2024

TN Veterans Murfreesboro
P. O. Box 10748
Murfreesboro, TN 37129

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
05/31/2024	Net 30 Days

Description	Quantity	Rate	Amount
Medicare Part A PDPM Percentage Per Component - OT			3,974.40
Medicare Part A PDPM Percentage Per Component - PT			3,535.10
Medicare Part A PDPM Percentage Per Component - ST			814.20
Medicare Part B (Palmetto) - OT			2,778.40
Medicare Part B (Palmetto) - PT			3,960.60
Medicare Part B (Palmetto) - ST			69.00
VA- Service Connected Resident - OT			18,275.80
VA- Service Connected Resident - PT			19,946.75
VA- Service Connected Resident - ST			611.80
Restorative Nurse	1.00	7,969.00	7,969.00
Prior Month Adjustments - Payers			-220.80
Medicare Part A PDPM Percentage Per Component - ST $27.60			
Medicare Part B (Palmetto) - OT $548.55			
Medicare Part B (Palmetto) - PT $555.45			
VA- Service Connected Resident - PT ($795.80)			
VA- Service Connected Resident - OT ($579.60)			
VA- Service Connected Resident - ST $23.00			

Invoice Total $ 61,714.25

Functional Pathways

Therapy that exceeds expectations.

Invoice

Date	Number
05/01/2024	158160-2

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Service Dates
04/01/2024 - 04/30/2024

TN Veterans Murfreesboro
P. O. Box 10748
Murfreesboro, TN 37129

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
05/31/2024	Net 30 Days

Description	Discipline Amount	Amount
Medicare Part A PDPM Percentage Per Component		8,323.70
OT : 3,456 Minutes	3,974.40	
PT : 3,074 Minutes	3,535.10	
ST : 708 Minutes	814.20	
Medicare Part B (Palmetto)		6,808.00
OT : 2,416 Minutes	2,778.40	
PT : 3,444 Minutes	3,960.60	
ST : 60 Minutes	69.00	
VA- Service Connected Resident		38,834.35
OT : 15,892 Minutes	18,275.80	
PT : 17,345 Minutes	19,946.75	
ST : 532 Minutes	611.80	
Restorative Nurse	7,969.00	7,969.00
Sub Total of All Charges Before Prior Period Adjustments		53,966.05
Sub Total - PT	27,442.45	
Sub Total - OT	25,028.60	
Sub Total - ST	1,495.00	
Prior Month Adjustments		-220.80
Prior Month Adjustments - PT	-240.35	
Prior Month Adjustments - OT	-31.05	
Prior Month Adjustments - ST	50.60	

Invoice Total	$ 61,714.25
PT	$ 27,202.10
OT	$ 24,997.55
ST	$ 1,545.60

Functional Pathways

Therapy that exceeds expectations.

Invoice

Date	Number
06/03/2024	160668

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Service Dates
05/01/2024 - 05/31/2024

TN Veterans Clarksville
250 Arrowood Drive
Clarksville, TN

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
07/03/2024	Net 30 Days

Description	Discipline Amount	Amount
Medicare Part A PDPM Percentage Per Component		6,099.60
OT : 1,702 Minutes	1,957.30	
PT : 1,975 Minutes	2,271.25	
ST : 1,627 Minutes	1,871.05	
Medicare Part B (Palmetto)		13,934.55
OT : 5,943 Minutes	6,834.45	
PT : 5,098 Minutes	5,862.70	
ST : 1,076 Minutes	1,237.40	
VA- Service Connected Resident		36,743.65
OT : 12,509 Minutes	14,385.35	
PT : 14,722 Minutes	16,930.30	
ST : 4,720 Minutes	5,428.00	
Managed Care A - Humana		914.25
OT : 268 Minutes	308.20	
PT : 300 Minutes	345.00	
ST : 227 Minutes	261.05	
Restorative Nursing	11,432.00	11,432.00
Sub Total of All Charges Before Prior Period Adjustments		57,692.05
Sub Total - PT	25,409.25	
Sub Total - OT	23,485.30	
Sub Total - ST	8,797.50	

Note: Cannot be signed by requisitioner or person who made the purchase.

Facility: Clarksville
PO#: 67565
Vendor: Functional Pathways

I hereby certify that these articles/services have been received/completed.

Suzanne Hogan MHA

Digitally signed by Suzanne Hogan MHA
Date: 2024.06.05 10:25:21 -05'00'

Invoice Total	$ 69,124.05
PT	$ 25,409.25
OT	$ 23,485.30
ST	$ 8,797.50

Functional Pathways

Therapy that exceeds expectations.

Invoice

Date	Number
06/03/2024	160668

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Service Dates
05/01/2024 - 05/31/2024

TN Veterans Clarksville
250 Arrowood Drive
Clarksville, TN

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
07/03/2024	Net 30 Days

Description	Quantity	Rate	Amount
Medicare Part A PDPM Percentage Per Component - OT			1,957.30
Medicare Part A PDPM Percentage Per Component - PT			2,271.25
Medicare Part A PDPM Percentage Per Component - ST			1,871.05
Medicare Part B (Palmetto) - OT			6,834.45
Medicare Part B (Palmetto) - PT			5,862.70
Medicare Part B (Palmetto) - ST			1,237.40
VA- Service Connected Resident - OT			14,385.35
VA- Service Connected Resident - PT			16,930.30
VA- Service Connected Resident - ST			5,428.00
Managed Care A - Humana - OT			308.20
Managed Care A - Humana - PT			345.00
Managed Care A - Humana - ST			261.05
Restorative Nursing	1.00	11,432.00	11,432.00

Invoice Total $ 69,124.05

Functional Pathways

Excellence in Rehabilitation

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Invoice

Account No.	
930015	
Date	**Number**
06/03/2024	160669

Service Dates
05/01/2024 - 05/31/2024

TN Veterans Cleveland
1940 Westland Drive SW
Cleveland, TN 37311

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
07/03/2024	Net 30 Days

Description	Quantity	Rate	Amount
Medicare Part A PDPM Percentage Per Component - OT			729.10
Medicare Part A PDPM Percentage Per Component - PT			848.70
VA- Service Connected Resident - OT			6,315.80
VA- Service Connected Resident - PT			7,844.15
VA- Service Connected Resident - ST			1,575.50
Private Pay - OT			888.95
Private Pay - PT			841.80
Managed Care Part B - PT			282.90

Invoice Total $ 19,326.90

Note: Cannot be signed by requisitioner or person who made the purchase.

Facility: Cleveland
PO#: 68284
Vendor: Functional Pathways

I hereby certify that these articles/services have been received/completed.

Courtney B. Washington

Digitally signed by Courtney B. Washington
Date: 2024.06.05 15:57:51 -04'00'

Functional Pathways
Excellence in Rehabilitation

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Invoice

Account No.	
930015	
Date	**Number**
06/03/2024	160669

Service Dates
05/01/2024 - 05/31/2024

TN Veterans Cleveland
1940 Westland Drive SW
Cleveland, TN 37311

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
07/03/2024	Net 30 Days

Description	Discipline Amount	Amount
Medicare Part A PDPM Percentage Per Component		1,577.80
OT : 634 Minutes	729.10	
PT : 738 Minutes	848.70	
VA- Service Connected Resident		15,735.45
OT : 5,492 Minutes	6,315.80	
PT : 6,821 Minutes	7,844.15	
ST : 1,370 Minutes	1,575.50	
Private Pay		1,730.75
OT : 773 Minutes	888.95	
PT : 732 Minutes	841.80	
Managed Care Part B		282.90
PT : 246 Minutes	282.90	
Sub Total of All Charges Before Prior Period Adjustments		19,326.90
Sub Total - PT	9,817.55	
Sub Total - OT	7,933.85	
Sub Total - ST	1,575.50	

Invoice Total $ 19,326.90

PT	$ 9,817.55
OT	$ 7,933.85
ST	$ 1,575.50

Functional Pathways

Therapy that exceeds expectations.

Invoice

Note: Cannot be signed by requisitioner or person who made the purchase.

Facility: Humboldt

PO#: 66816

Vendor: Functional Pathways

I hereby certify that these articles/services have been received/completed.

Date	Number
06/03/2024	160667

Service Dates
05/01/2024 - 05/31/2024

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

TN Veterans Humboldt
P. O. Box 10748
Murfreesboro, TN 37129

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
07/03/2024	Net 30 Days

Description	Discipline Amount	Amount
Medicare Part A PDPM Percentage Per Component		17,505.30
OT : 5,906 Minutes	6,791.90	
PT : 5,996 Minutes	6,895.40	
ST : 3,320 Minutes	3,818.00	
Medicare Part B (Palmetto)		12,732.80
OT : 5,016 Minutes	5,768.40	
PT : 5,007 Minutes	5,758.05	
ST : 1,049 Minutes	1,206.35	
VA- Service Connected Resident		41,273.50
OT : 13,627 Minutes	15,671.05	
PT : 14,900 Minutes	17,135.00	
ST : 7,363 Minutes	8,467.45	
Restorative Nursing	11,432.00	11,432.00
Sub Total of All Charges Before Prior Period Adjustments		71,511.60
Sub Total - PT	29,788.45	
Sub Total - OT	28,231.35	
Sub Total - ST	13,491.80	
Prior Month Adjustments		-43.70
Prior Month Adjustments - PT	-43.70	

Invoice Total $ 82,899.90

PT	$ 29,744.75
OT	$ 28,231.35
ST	$ 13,491.80

Functional Pathways

Therapy that exceeds expectations.

Invoice With Adjustments

Date	Number
06/03/2024	160667

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Service Dates
05/01/2024 - 05/31/2024

TN Veterans Humboldt
P. O. Box 10748
Murfreesboro, TN 37129

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
07/03/2024	Net 30 Days

Description	Quantity	Rate	Amount
Medicare Part A PDPM Percentage Per Component - OT			6,791.90
Medicare Part A PDPM Percentage Per Component - PT			6,895.40
Medicare Part A PDPM Percentage Per Component - ST			3,818.00
Medicare Part B (Palmetto) - OT			5,768.40
Medicare Part B (Palmetto) - PT			5,758.05
Medicare Part B (Palmetto) - ST			1,206.35
VA- Service Connected Resident - OT			15,671.05
VA- Service Connected Resident - PT			17,135.00
VA- Service Connected Resident - ST			8,467.45
Restorative Nursing	1.00	11,432.00	11,432.00
Prior Month Adjustments - Payers			-43.70
VA- Service Connected Resident - PT ($43.70)			

Invoice Total $ 82,899.90

Functional Pathways

Therapy that exceeds expectations.

Invoice

Date	Number
06/03/2024	160666

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Service Dates
05/01/2024 - 05/31/2024

Ben Atchley State Veteran's
TN Veterans Knoxville
P. O. Box 10748
Murfreesboro, TN 37129

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
07/03/2024	Net 30 Days

Description	Discipline Amount	Amount
Medicare Part A PDPM Percentage Per Component		11,188.35
OT : 3,991 Minutes	4,589.65	
PT : 4,377 Minutes	5,033.55	
ST : 1,361 Minutes	1,565.15	
Medicare Part B (Palmetto)		7,783.20
OT : 2,573 Minutes	2,958.95	
PT : 2,730 Minutes	3,139.50	
ST : 1,465 Minutes	1,684.75	
VA		9,206.90
OT : 3,443 Minutes	3,959.45	
PT : 2,565 Minutes	2,949.75	
ST : 1,998 Minutes	2,297.70	
VA- Service Connected Resident		12,454.50
OT : 3,425 Minutes	3,938.75	
PT : 4,649 Minutes	5,346.35	
ST : 2,756 Minutes	3,169.40	
Managed Care A - Humana		184.00
OT : 60 Minutes	69.00	
PT : 63 Minutes	72.45	
ST : 37 Minutes	42.55	
Humana Mgd Part B		5,497.00
OT : 2,318 Minutes	2,665.70	
PT : 1,959 Minutes	2,252.85	
ST : 503 Minutes	578.45	
Managed Care B		3,453.45
OT : 1,187 Minutes	1,365.05	
PT : 1,784 Minutes	2,051.60	
ST : 32 Minutes	36.80	
Restorative Care	4,435.00	4,435.00

Description	Discipline Amount	Amount
Sub Total of All Charges Before Prior Period Adjustments		49,767.40
Sub Total - PT	20,846.05	
Sub Total - OT	19,546.55	
Sub Total - ST	9,374.80	

Invoice Total	$ 54,202.40
PT	$ 20,846.05
OT	$ 19,546.55
ST	$ 9,374.80

Note: Cannot be signed by requisitioner or person who made purchase

Facility: Knoxville

PO# 68187

Vendor Name: Functional Pathways

I hereby certify that above articles/services have been received/completed.

By _____ **Date** 6-6

Print Name _____ **Title** _____

[redacted] cannot be signed by requisitioner or person who made purchase

[redacted]

[redacted]

[redacted]

I hereby certify that above articles have been received and/or complete.

[redacted] Date

[redacted] Title

Functional Pathways

Therapy that exceeds expectations.

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Invoice

Date	Number
06/03/2024	160666

Service Dates
05/01/2024 - 05/31/2024

Ben Atchley State Veteran's
TN Veterans Knoxville
P. O. Box 10748
Murfreesboro, TN 37129

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
07/03/2024	Net 30 Days

Description	Quantity	Rate	Amount
Medicare Part A PDPM Percentage Per Component - OT			4,589.65
Medicare Part A PDPM Percentage Per Component - PT			5,033.55
Medicare Part A PDPM Percentage Per Component - ST			1,565.15
Medicare Part B (Palmetto) - OT			2,958.95
Medicare Part B (Palmetto) - PT			3,139.50
Medicare Part B (Palmetto) - ST			1,684.75
VA - OT			3,959.45
VA - PT			2,949.75
VA - ST			2,297.70
VA- Service Connected Resident - OT			3,938.75
VA- Service Connected Resident - PT			5,346.35
VA- Service Connected Resident - ST			3,169.40
Managed Care A - Humana - OT			69.00
Managed Care A - Humana - PT			72.45
Managed Care A - Humana - ST			42.55
Humana Mgd Part B - OT			2,665.70
Humana Mgd Part B - PT			2,252.85
Humana Mgd Part B - ST			578.45
Managed Care B - OT			1,365.05
Managed Care B - PT			2,051.60
Managed Care B - ST			36.80
Restorative Care	1.00	4,435.00	4,435.00
Medicare Part B (Palmetto) - ST ($317.40)			
Humana Mgd Part B - PT ($70.15)			
Humana Mgd Part B - ST $317.40			
Managed Care B - PT $70.15			

Invoice Total	$ 54,202.40

Functional Pathways

Therapy that exceeds expectations.

10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Invoice With Adjustments

Date	Number
06/03/2024	160665

Service Dates
05/01/2024 - 05/31/2024

TN Veterans Murfreesboro
P. O. Box 10748
Murfreesboro, TN 37129

Remittance Address:
FUNCTIONAL PATHWAYS
10133 Sherrill Blvd
Suite 200
Knoxville, TN 37932-3347

Due Date	Terms
07/03/2024	Net 30 Days

Description	Quantity	Rate	Amount
Medicare Part A PDPM Percentage Per Component - OT			814.20
Medicare Part A PDPM Percentage Per Component - PT			69.00
Medicare Part A PDPM Percentage Per Component - ST			431.25
Medicare Part B (Palmetto) - OT			3,402.85
Medicare Part B (Palmetto) - PT			6,431.95
Medicare Part B (Palmetto) - ST			116.15
VA- Service Connected Resident - OT			16,503.65
VA- Service Connected Resident - PT			19,211.90
VA- Service Connected Resident - ST			888.95
Private Pay - OT			71.30
Restorative Nurse	1.00	8,421.00	8,421.00
Prior Month Adjustments - Payers			197.80
Medicare Part A PDPM Percentage Per Component - ST $59.80			
Medicare Part B (Palmetto) - ST $46.00			
Medicare Part B (Palmetto) - OT $73.60			
VA- Service Connected Resident - OT ($73.60)			
VA- Service Connected Resident - ST $92.00			

Invoice Total $ 56,560.00

Note: Cannot be signed by requistioner or person who made purchase

Facility: Murf.

PO# 66311

Vendor Name: Functional Pathways

I hereby certify that above articles/services have been received/completed.

By [signature] Date 6/4/24

Print Name [illegible] Title Rec'd.

[signature] for 6/4/2024