

Encounter Form

Patient Information		Payment Method		Visit Information			
Patient ID number		Primary		Visit date			
Patient name		Primary ID number		Visit number			
Address		Primary group number		Rendering physician			
City/State		Secondary		Referring physician			
Social Security number		Secondary ID number		Reason for visit			
Phone number		Secondary group no.					
Date of birth		Cash/credit card					
Age		Other billing					
E/M Modifiers		Procedure Modifiers		Other Modifiers			
CATEGORY	CODE	MOD	FEE	CATEGORY	CODE	MOD	FEE
Office Visit — New Patient				Wound Care			
Minimal office visit				Debride partial thick burn			
20 minutes				Debride full thickness burn			
30 minutes				Debride wound, not a burn			
45 minutes				Unna boot application			
60 minutes				Unna boot removal			
Other				Other			
Office Visit — Established				Supplies			
Minimal office visit				Ace bandage, 2"			
10 minutes				Ace bandage, 3"-4"			
15 minutes				Ace bandage, 6"			
25 minutes				Cast, fiberglass			
40 minutes				Coban wrap			
Other				Foley catheter			
General Procedures				Immobilizer			
Anascopy				Kerlix roll			
Audiometry				Oxygen mask/cannula			
Breast aspiration				Sleeve, elbow			
Cerumen removal				Sling			
Circumcision				Splint, ready-made			
DDST				Splint, wrist			
Flex sigmoidoscopy				Sterile packing			
Flex sig. w/ biopsy				Surgical tray			
Foreign body removal—foot				Other			
Nail removal				OB Care			
Nail removal/phenol				Routine OB care			
Trigger point injection				OB call			
Tympanometry				Ante partum 4-6 visits			
Visual acuity				Ante partum 7 or more visits			
Other				Other			
Vitals:		Other Visit Information:		Fees:			
B/P	_____	Lab Work to Order:	_____	Total Charges:			
Pulse	\$ _____	Referral to:	_____	Copay Received:			
Temp.	\$ _____	Provider Signature:	_____	Other Payment:			
Height	\$ _____	Next Appointment:	_____	Total Due:			
Weight	_____						