Date: _____/_____/_____ Age: _____ Account #: _____ Chart #: _____

Name:

Make Next Appointment: _____
Routine: _____
Required F/U: _____

Total Office Charge:
Total Lab Charge:
Total Paid By Patient:

3	New	MDM	3	New	Preventive Medicine	3	Code	Injections
o	99201	Straightforward	o	99385	New Pt. 18-39	o	G0008	Influenza Injection – V04.8
o	99202	Straightforward	o	99386	New Pt. 40-64		90659	Influenza Vaccine (Whole Virus)
o	99203	Low	o	99387	New Pt. 65 & Older	o	G0009	Pneumococcal Injection - V03.82
o	99204	Moderate	3	**Est.**	**Preventive Medicine**		90732	Pneumovax Vaccine
o	99205	High	o	99395	Established Pt. 18-39	o	90746	Hepatitis – V05.3
3	**Est.**	**MDM**	o	99396	Established Pt. 40-64		G0010	Hepatitis Injection
o	99211	Nurse Visit	o	99397	Established Pt. 65 & Older	o	90782	Therapeutic Injection (IM)
o	99212	Straightforward	3	**Medicare**	**Preventive Medicine**		J3420	B-12 – Waiver Signed
o	99213	Low	o	G0101	Pelvic & Breast – V76.2	o	90782	Epogen Injection Only
o	99214	Moderate	o	Q0091	Obtaining Pap Smear – V76.2		Q0136	Epogen Serum Per 1000 Units _____
o	99215	High	o	G0107	Screening Fecal Occult Blood – V76.51	o	90707	MMR
3	**Consults**	**MDM**	3	**Code**	**Venipuncture / Injections**	o	86580	PPD
o	99241	Straightforward	o	36415	Venipuncture Commercial	o	90703	Tetanus
o	99242	Straightforward	o	G0001	Venipuncture Medicare	o	J3490	Tetanus Medicare
o	99243	Low	o	95115	Allergy Single	3	**Code**	**Immunizations**
o	99244	Moderate	o	95117	Allergy Multiple			Immunization Administration 90476-90749 Use:
o	99245	High	3	**Code**	**Procedures**	o	90471	Single Injection
3	**Post-Op**	**MDM**	o	86510	Protime Bill With 99211 When Change	o	90472	Two or More Injections
o	99024	No Charge	o	93000	EKG			
			o	94760	Pulse Ox			

o	789.09	Abdominal Pain	o	571.2	Cirrhosis Liver Alcoholic	o	414.9	Ischemic Heart Disease
o	314.01	ADHD	o	571.5	Cirrhosis Liver Non-Alcoholic	o	250.1	Ketoacidosis
o	477.9	Allergic Rhinitis	o	298.9	Confusion	o	719.46	Knee Pain
o	437.7	Amnesia Transient Global	o	496	COPD	o	729.5	Limb Pain
o	281.1	Anemia B12 Deficiency	o	276.5	Dehydration	o	710.0	Lupus – SE
o	285.9	Anemia Deficiency	o	290.0	Dementia Senile	o	695.4	Lupus – Discoid (Local)
o	281.0	Anemia Pernicious	o	250.01	Diabetes IDDM	o	627.2	Menopause
o	413.9	Angina Pectoris	o	250.00	Diabetes Type II	o	410.91	MI Acute Initial Unspecified
o	411.1	Angina Unstable	o	787.91	Diarrhea	o	346.10	Migraine
o	300.00	Anxiety	o	558.9	Diarrhea Non Infectious / Colitis	o	723.1	Neck Pain
o	427.9	Arrhythmia Cardiac	o	562.11	Diverticulitis	o	560.9	Obstruction Bowel
o	444.22	Arterial Embolism Lower Ext.	o	562.10	Diverticulosis	o	733.00	Osteoporosis
o	493.91	Asthma W/ Status Asthmaticus	o	780.4	Dizziness / Vertigo	o	785.1	Palpitations
o	491.21	Asthma Chronic	o	715.96	DJD Lower Leg	o	577.1	Pancreatitis
o	493.20	Asthma Chronic W/COPD	o	250.11	DKA	o	332.0	Parkinson's
o	427.31	Atrial Fibrillation	o	453.3	DVT	o	533.90	Peptic Ulcer
o	427.32	Atrial or Auricular Flutter	o	511.9	Effusion Pleural	o	*V03.82	PPV
o	724.5	Back Pain	o	780.79	Fatigue / Weakness	o	486	Pneumonia
o	600	BPH	o	780.6	Fever	o	515	Pulmonary Edema
o	310.9	Brain Syndrome Acute	o	*V04.8	Influenza	o	569.3	Rectal Bleed
o	490	Bronchitis	o	820.8	Fractured Hip	o	592.0	Renal Calculi
o	466.0	Bronchitis Acute	o	805.8	Fractured Vertebra Closed	o	584.9	Renal Failure Acute
o	239.3	CA Breast	o	537.9	GERD	o	585	Renal Failure Chronic
o	153.9	CA Colon	o	578.9	GI Bleed	o	518.81	Respiratory Failure
o	162.9	CA Lung	o	274.9	Gout Unspecified	o	714.0	Rheumatoid Arthritis
o	239.5	CA Prostate	o	784.0	Headache	o	780.39	Seizure Disorder
o	414.00	CAD/ASHD	o	599.7	Hematuria	o	038.9	Sepsis
o	427.5	Cardiac Arrest	o	*V05.3	Hepatitis B	o	461.9	Sinusitis Acute
o	366.9	Cataract	o	401.1	HTN Benign	o	473.9	Sinusitis Chronic
o	682.6	Cellulitis Leg Except Foot	o	272.0	Hypercholesterolemia	o	780.2	Syncope
o	786.52	Chest Pain Pleuritic	o	251.2	Hypoglycemia	o	427.81	Syndrome Sick Sinus
o	786.50	Chest Pain Rib Also	o	458.9	Hypotension	o	465.9	URI Acute
o	428.0	CHF	o	244.9	Hypothyroidism	o	599.0	UTI

Account Balance	Today's Charge	Total Due	Today's Cash	Payments Check	New Balance	Patient Due
_____	_____	_____	_____	_____	_____	_____