

**Physician or Group Name**

Rev. 11/9/09

Tax ID# \_\_\_\_\_ Physician: \_\_\_\_\_ Location: \_\_\_\_\_  
 Date of Service: \_\_\_\_\_ Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt./Unit/Lot: \_\_\_\_\_  
 DOB: \_\_\_/\_\_\_/\_\_\_ Telephone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Primary Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

**OFFICE VISITS – NEW PATIENT**  
 \_\_\_ 99203 Intermediate/low complexity  
 \_\_\_ 99204 Comprehensive/moderate complex  
 \_\_\_ 99205 Extended comprehensive/complex  
**ESTABLISHED – PATIENT**  
 \_\_\_ 99211 Brief/Minor visit  
 \_\_\_ 99212 Limited Visit  
 \_\_\_ 99213 Low complexity/Focused Visit  
 \_\_\_ 99214 Detailed/moderate complexity  
 \_\_\_ 99215 Comprehensive/complex

**PEDIATRIC - NEW ESTABLISHED**  
 \_\_\_ 99381 Birth–1 Yr. \_\_\_ 99391 Birth-1 Yr  
 \_\_\_ 99382 1-4 Yrs. \_\_\_ 99392 1-4 Yrs  
 \_\_\_ 99383 5–11 Yrs. \_\_\_ 99393 5-11 Yrs  
 \_\_\_ 99384 12-17 Yrs. \_\_\_ 99394 12-17Yrs  
 \_\_\_ V20.2 Health checkup of infant/child

**INJECTIONS**  
 \_\_\_ 90772 Injection Admin.  
 \_\_\_ J3420 B-12 Injection  
 \_\_\_ J0780 Compazine  
 \_\_\_ J1030 Depo-medrol 40 mg; J1040 80mg  
 \_\_\_ J0570 Penicillin  
 \_\_\_ J0696 Rocephin 250 mg  
 \_\_\_ 90703 Dep Tetanus  
 \_\_\_ 86585 TB Tine Test

**LABORATORY**  
 \_\_\_ G0001/36415 Venipuncture  
 \_\_\_ 82948 BS Finger stick  
 \_\_\_ G0107/82270 Stool Guaiac  
 \_\_\_ 87652 Strep screen  
 \_\_\_ 81002 Urine dip stick

**PROCEDURES**  
 \_\_\_ 93000 EKG  
 \_\_\_ 92552 Ear Audiometry  
 \_\_\_ 69210 Ear Lavage  
 \_\_\_ 94060 Pulmonary Function  
 \_\_\_ 94375 Volume Loop  
 \_\_\_ 94760 Single 94761 Mutiple Oximetry  
 \_\_\_ 94664 Nebulizer Treatment

**MINOR SURGERIES**  
 \_\_\_ 17000 1st Electrocautery  
 \_\_\_ 17003 2nd – 14 Electrocauterries  
 \_\_\_ 20605 ASP/Inj (Wrist/ankle)  
 \_\_\_ 20610 ASP/Inj (Hip/shldr/knee)  
 \_\_\_ 17340 Cryotherapy  
 \_\_\_ 10060 Single; \_\_\_ 10061 Mutiple I&D abscess  
 \_\_\_ 12001 <2.5cm; \_\_\_ 12002 2.6-7.5cm Laceration  
 \_\_\_ 11100 Skin biopsy  
 \_\_\_ 99070 Surgical supplies

**DIAGNOSES**  
 \_\_\_ AKs(702.0) \_\_\_ SKs(702.19)  
 \_\_\_ Alcohol dependence (303.90)  
 \_\_\_ Allergic Rhinitis (477.9)  
 \_\_\_ Amputation of \_\_\_\_\_(V49.7x)  
 \_\_\_ Angina unspec (413.9)  
 \_\_\_ Aneurysm site unspec ((442.9)  
 \_\_\_ Anxiety (300.00)  
 \_\_\_ Artificial Opening \_\_\_\_\_status (V44.x)  
 \_\_\_ Atherosclerosis of aorta (440.0)  
 \_\_\_ Atherosclerosis of renal artery(440.1)  
 \_\_\_ Atherosclerosis of extrem(440.20)  
 \_\_\_ Arthritis (716.90)  
 \_\_\_ Atrial Fibrillation (427.31)  
 \_\_\_ Asthma, unspec (493.9)  
 \_\_\_ Bipolar Disorder (296.8)  
 \_\_\_ Bronchitis Acute (466.0)  
 \_\_\_ Bronchitis Chronic (491.9)  
 \_\_\_ CAD (414.00)  
 Cancer \_\_\_(174.9)F Breast, \_\_\_(153.9)Colon,  
 \_\_\_(171.9)Lymph, \_\_\_(185)Prostate  
 \_\_\_ Cardiomyopathy (425.4)  
 \_\_\_ Carotid Artery occlusion (433.10)  
 \_\_\_ Cellulitis NOS (682.9)  
 \_\_\_ CHF (428.0)  
 \_\_\_ CKD/CRI unspec (585.9)  
 \_\_\_ Coagulation defects(286.9)  
 \_\_\_ COPD (496)  
 \_\_\_ Crohn's disease (555.9)  
 \_\_\_ CVA, old late effects(438.9)  
 \_\_\_ Deg.Disc.Disease (722.6)  
 \_\_\_ Dementia(294.8)  
 \_\_\_ Depression unspec (311)  
 \_\_\_ Depression, major (296.20)  
 \_\_\_ DVT(453.40)  
 \_\_\_ Embolism/Thrombosis unsp (444.9)  
 \_\_\_ Essential Tremor (333.1)  
 \_\_\_ GERD( 530.81); \_\_\_ PUD (533.90)  
 \_\_\_ GI Bleed (578.9)  
 \_\_\_ Glaucoma unspec (365.9)  
 \_\_\_ Hematuria unspec (599.70)  
 \_\_\_ Hemiplegia (342.90) unspec side  
 Hepatitis–Chronic, B 070.3\_\_\_, C 070.54\_\_\_  
 Hypercalcemia 275.42\_\_\_; Hypocal 275.41\_\_\_  
 \_\_\_ Hyperlipidemia, unspec (272.4)  
 HTN unsp 401.9\_\_\_; Malign401.0\_\_\_; Benign401.1\_\_\_  
 HyperThyroid 244.9\_\_\_; Hypo 244.9\_\_\_  
 \_\_\_ Impacted Cerumen (380.4)  
 \_\_\_ Incontinence urine (788.30)  
 \_\_\_ Insomnia, non-organic, chronic (307.42)  
 \_\_\_ Lower back pain (724.2)  
 \_\_\_ Myopathy, unspec (359.9)  
 \_\_\_ Nephritis/Nephropathy unspec (583.9)  
 \_\_\_ Old myocardial infraction (412)  
 \_\_\_ Osteoarthritis/DJD (715.90)  
 \_\_\_ Osteoarthritis/DJD spine (721.90)  
 \_\_\_ Osteoarthritis/DJD in pelvis/hips (715.95)  
 \_\_\_ Osteoporosis (733.00)  
 \_\_\_ Pacreatic disease (577.8)  
 \_\_\_ Parkinsons Disease (332.0)  
 \_\_\_ PATPSVT(427.0)  
 \_\_\_ Polyneuropathy(356.9)  
 \_\_\_ Pulmonary Fibrosis (515)  
 \_\_\_ PVD (443.9)  
 \_\_\_ Renal stenosis (440.1)  
 \_\_\_ RLS Restless Leg Syndrome (333.94)  
 \_\_\_ Rheumatoid arthritis (714.0)  
 \_\_\_ Seizures (780.39) \_\_\_ Disorder (345.90)  
 \_\_\_ Sinusitis (chronic) (473.9)  
 \_\_\_ Ulcer, chronic unspec (707.9)  
 \_\_\_ Ulcer, pressure unspec (707.20)  
 \_\_\_ URI acute (465.9)  
 \_\_\_ UTI (599.0)  
 \_\_\_ Vertebra(e) displaced/bulg disc (722.10)

\_\_\_ **249.00 Secondary DM drug or chemical induced, not stated as uncontrolled**  
 \_\_\_ **250.00 DM with out complications, unspec type, not stated as uncontrolled**  
 \_\_\_ **250.10 DM w/ Ketoacidosis (No need to code Ketoacidosis)**  
 \_\_\_ **250.40 DM w/ Renal man- \_\_\_ CKD 585.9; \_\_\_ Nephrosis 581.81, \_\_\_ Nephropathy 583.81**  
 \_\_\_ **250.50 DM w/Ophth man- \_\_\_ Glaucoma365.44, \_\_\_ Edema362.07, \_\_\_ Retinopathy362.01**  
 \_\_\_ **250.60 DM w/Neuro manif- \_\_\_ Polyneuropathy357.2, \_\_\_ Gastroparesis 536.3**  
 \_\_\_ **250.70 DM w/Circulatory- \_\_\_ PVD 443.81, \_\_\_ Gangrene 785.4**  
 \_\_\_ **250.80 DM w/ Spec manif- \_\_\_ Hypoglycemia 251.2, \_\_\_ Ulcer lower limb 707.10**

Comments/Referrals: \_\_\_\_\_ Add'l DXs \_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_  
 By signing above I agree that I might have a co-payment or a deductible that is due at the time of service and will pay as indicated.  
 I agree to accept full financial responsibility for all services.

**PHYSICIANS SIGNATURE** \_\_\_\_\_  
 Next appointment: 3 months 6 months Other \_\_\_\_\_  
 Total charges \$ \_\_\_\_\_ Co-Pay't\$ \_\_\_\_\_  
 Amount Paid \$ \_\_\_\_\_ (Cash \_\_\_ Check# \_\_\_\_\_)  
 Credit Card # \_\_\_\_\_ MC/VISA Exp \_\_\_\_\_