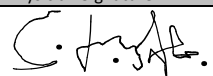


Date of Service	03/01/2019	Waiver?		Account
Patient Name	Ross Parker	Insurance		
		Subscriber		
Address		Group #		Previous balance
		Copay		Today's charges
Phone		NPI		Today's payment check #
DOB		Physician name		Balance due

Rank	Office Visit	New	Est
	Minimal		99211
	Problem focused	99201	99212
	Expanded problem focused	99202	99213
	Detailed	99203	99214
	Comprehensive	99204	99215
	Comprehensive (new patient)	99205	
	Significant, separate service	-25	-25
	Well visit	New	Est
	<1 y	99381	99391
	1-4 y	99382	99392
	5-11 y	99383	99393
	12-17 y	99384	99394
	18-39 y	99385	99395
	40-64 y	99386	99396
	65 y +	99387	99397

Rank	Office procedures	Units
	Anoscopy	46600
	Audiometry	92551
	Cerumen Removal	69210
	Colposcopy	57452
	Colposcopy w/biopsy	57455
	ECG, w/interpretation	93000
	ECG, rhythm strip	93040
	Endometrial biopsy	58100
	Flexible sigmoidoscopy	45330
	Flexible sigmoidoscopy w/biopsy	45331
	Fracture care, cast/splint	
	Site: Size:	29
	Nebulizer	94640
	Nebulizer demo	94664
	Spirometry	94010
	Spirometry, pre and post	94060
	Tympanometry	92567
	Vasectomy	55250
	Skin Procedures	Units
	Burn care, initial	16000
	Foreign body, skin, simple	10120
	Foreign body, skin, complex	10121
	I&D, abscess	10060
	I&D, hematoma/seroma	10140
	Laceration repair, simple	120
	Site: Size:	
	Laceration repair, layered	120
	Site: Size:	
	Lesion, biopsy, one	11100
	Lesion, biopsy, each add'l	11101
	Lesion, destruct, benign, 1-14	17110
	Lesion, destruct, preml., single	17000
	Lesion, destruct, preml., ea. Add'l	17003
	Lesion, excision, benign	114
	Site: Size:	
	Lesion, excision, malignant	116
	Site: Size:	
	Lesion, paring/cutting, one	11055
	Lesion, paring/cutting, 2-4	11056
	Lesion, shave	113
	Site: Size:	
	Nail removal, partial	11730
	Nail removal, w/matrix	11750
	Skin tag, 1-15	11200
	Medications	Units
	Ampicillin, up to 500mg	J0290
	B-12, up to 1,000 mcg	J3420
	Epinephrine, up to 1ml	J0170
	Kenalog, 10mg	J3301
	Lidocaine, 10mg	J2001
	Normal saline, 1000cc	J7030
	Phenergan, up to 50mg	J2550
	Progesterone, 150 mg	J1055
	Rocephin, 250mg	J0696
	testosterone, 200mg	J1080
	Tigan, up to 200 mg	J3250
	Tora dol, 15 mg	J1885
	Miscellaneous services	

Next Office Visit				
Recheck	Prev.	PRN	DWMY	
Instructions				
Referral				
To:				
Instructions:				
Physician Signature				
				

Rank	La boratory	Units
	Venipuncture	36415
	Blood glucose, monitoring device	82962
	Blood glucose, visual dipstick	82948
	CBC, w/ auto differential	85025
	CBC, w/o auto differential	85027
	Cholesterol	82465
	Hemocult, guaiac	82270
	Hemocult, immunoassay	82274
	Hemoglobin A1C	85018
	Lipid panel	80061
	Liver panel	80076
	KOH prep (skin, hair, nails)	87220
	Metabolic panel, basic	80048
	Metabolic panel, comprehensive	80053
	Mononucleosis	86308
	Pregnancy, blood	84703
	Pregnancy, urine	81025
	Renal panel	80069
	Sedimentation rate	85651
	Strep, rapid	86403
	Strep culture	87081
	Strep A	87880
	TB	86580
	UA, complete, non-automated	81000
	UA, w/o micro, non-automated	81002
	UA, w/ micro, non-automated	81003
	Urine colony count	87086
	Urine culture, presumptive	87088
	Wet mount/KOH	87210
	Vaccines	
	DT, <7 y	90702
	DTP	90701
	DtaP, <7 y	90700
	Flu, 6-35 months	90657
	Flu, 3 y+	90658
	Hep A, adult	90632
	hep A, ped/adol, 2 dose	90633
	Hep B, adult	90746
	Hep B, ped/adol, 3 dose	90744
	Hep B-Hib	90748
	Hib, 4 dose	90645
	HPV	90649
	IPV	90713
	MMR	90707
	Pneumonia, >2 y	90732
	Pneumonia conjugate, <5 y	90669
	Td, >7 y	90718
	Varicella	90716
	Immunizations & Injections	Units
	Allergen, one	95115
	Allergen, multiple	95117
	Imm admin, one	90471
	Imm admin, each add'l	90472
	Imm admin, intranasal, one	90473
	Imm admin, intranasal, each add'l	90474
	Injection, joint, small	20600
	Injection, joint, intermediate	20605
	Injection, joint, major	20610
	Injection, ther/proph/diag	90772
	Injection, trigger point	20552
	Supplies	

Patient Name and Address	Birthdate	Subscriber Name	MD Name	Today's Date
DARLA SISSLE 10 MAPLE STREET WESTERN, OH 44770	2/17/52	DARLA SISSLE	WARNER	03/01/2019
	Account #	Insurance Company	Insurance Phone #	Time
	1015	SHHMO	(490) 565-2000	10:00 AM
Telephone No.		Insurance ID #	Group/Plan #	Sex
(490) 220-1156		21-58624	8300099	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

√	DESCRIPTION	CPT	FEE	√	DESCRIPTION	CPT	FEE	√	DESCRIPTION	CPT	FEE
	<b>OFFICE VISIT</b>				<b>IMMUNIZATIONS</b>				<b>PROCEDURES</b>		
	NEW PATIENT				Imm. admin, one	90471		√	ECG w/interpretation	93000	65-
	Problem Focused	99201			Imm. admin, each add'l	90472			Spirometry	94010	
	Exp. Prob. Focused	99202			Influenza < 3	90657			Inhalation treatment	94640	
	Detailed	99203			Influenza 3 and >	90658			Remove skin tag <15	11200	
	Comp/Mod MDM	99204			Medicare code	G0008			Cerumen removal	69210	
	Comp./High MDM	99205			Varicella	90716			Wart destruction < 14	17110	
	<b>ESTABLISHED PATIENT</b>				DTaP	90700			I & D abscess	10060	
	Minimal/Nurse Visit	99211			Td adult	90718					
	Problem Focused	99212			Rubella	90706					
√	Exp. Problem Focused	99213	65-		MMR	90707			<b>OTHER</b>		
	Detailed	99214			Hep B Child	90744					
	Comprehensive	99215			Hep B Adult	90746					
	Post-op Exam	99024	0.00		IPV	90713					
	<b>WELL VISIT</b>				<b>WELL VISIT</b>				<b>LABORATORY</b>		
	<b>NEW PATIENT</b>				<b>ESTABLISHED PATIENT</b>				Blood collection Vein	36415	
	Infant-1 year	99381			Infant-1 year	99391			Venipuncture, Medicare	G0001	
	1 yr-4 yr	99382			1 yr-4 yr	99392			Finger stick, glucose	82948	
	5 yr - 11 yr	99383			5 yr - 11 yr	99393			Hemocult, guaiac	82270	
	12 yr-17 yr	99384			12 yr-17 yr	99394			Strep, rapid	87880	
	18 yr -39 yr	99385			18 yr -39 yr	99395			UA, dipstick (manual)	81000	
	40 yr -64 yr	99386			40 yr -64 yr	99396			UA, automated	81003	
	65 yr and over	99387			65 yr and over	99397			Urine pregnancy	81025	

**DIAGNOSTIC CODES (ICD-10-CM)**

<input type="checkbox"/> R10.9 Abdominal Pain	<input type="checkbox"/> E11.9 Diabetes II-Non Ins	<input type="checkbox"/> H66.9_ Otitis Media	<input type="checkbox"/> Z23 Immunization Encounter
<input type="checkbox"/> E63.4 AllergicReaction	<input type="checkbox"/> K57.92 Diverticulitis	<input type="checkbox"/> J02.9 Pharyngitis	<input type="checkbox"/> Z00.12_ Well Child Check
<input type="checkbox"/> D64.9 Anemia	<input type="checkbox"/> K57.90 Diverticulosis	<input type="checkbox"/> M06.9 Rheumatoid Arthritis	<input type="checkbox"/> Z00.0_ Well Adult
<input type="checkbox"/> D51.0 Anemia, Pernicious	<input type="checkbox"/> R60.9 Edema	<input type="checkbox"/> R06.02 Short of Breath	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> I12.9 Angina Pectoris	<input type="checkbox"/> R51 Headache	<input type="checkbox"/> J32.9 Sinusitis	<input type="checkbox"/> _____
<input type="checkbox"/> I49.9 Arrhythmia, Cardiac	<input type="checkbox"/> R31.9 Hematuria	<input type="checkbox"/> L19.8 Skin Tag(s)	<input type="checkbox"/> _____
<input type="checkbox"/> I70.0 Atherosclerosis, Aorta	<input type="checkbox"/> B00.9 Herpes Zoster	<input type="checkbox"/> J02.0 Streptococcal Sore Throat	<input type="checkbox"/> _____
<input type="checkbox"/> J45.909 Asthma	<input type="checkbox"/> I10 Hypertension	<input type="checkbox"/> N39.0 Urinary Tract Infection	<input type="checkbox"/> _____
<input type="checkbox"/> M54.9 Back Pain	<input type="checkbox"/> E03.9 Hypothyroidism		
<input type="checkbox"/> J20_ Bronchitis, Acute	<input type="checkbox"/> H61.2_ Impacted Cerumen	<b>RETURN APPOINTMENT</b>	<b>BALANCE DUE</b>
<input type="checkbox"/> J42 Bronchitis, Chronic	<input type="checkbox"/> J10.1 Influenza	_____ Days	Total Charge \$ 130.00
<input type="checkbox"/> R07.9 Chest Pain	<input type="checkbox"/> K58.9 Irritable Bowel Syndrome	_____ Weeks	Amount Paid \$ 20.00
<input type="checkbox"/> J44.9 COPD	<input type="checkbox"/> M19.0 Osteoarthritis	_____ Months	Previous Bal \$ 35.00
<input type="checkbox"/> E10.0 Diabetes I-Ins. Dep	<input type="checkbox"/> M19.0 Osteoarthritis	_____ PRN	Adjustment \$ 0.00
			Balance Due \$ 145.00

