

# Medical Encounter Charges Form



Patient Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
 DOB \_\_\_\_\_

PC VISIT TYPE (if Estab. Pt)		Init Dx	F/U	W/C	MVA			
Visit Level	New Pt	Est. Pt	Consult	PEs/ Preventive Visits	New Pt	Est. Pt	MINOR SURGERY	
Straightforward/Minor	99201	99211	99241	Preventive Visit, < 1 yr	99381	99391	Excision #	
Straightforward	99202	99212	99242	Preventive Visit 1-4 yrs	99382	99392	Size _____ cm	
Low Complexity	99203	99213	99243	Preventive Visit 5-11 yrs	99383	99393	Site	
Mod Complexity	99204	99214	99244	Preventive Visit 12-17 yrs	99384	99394		
High Severity	99205	99215	99245	Preventive Visit 18-39 yrs	99385	99395	Laceration Repair	
				Preventive Visit 40-64	99386	99396	Size _____ cm	
				Preventive Visit 65+ yrs	99387	99397	Site	
				OV for Procedure Only		99211pr		
				Post OP F/Up w/in 10days		99024	Biopsy of Skin, Single	
							Destruct 1st Lesion	
<b>OFFICE PROCEDURES</b>								11100
EKG w/ Int & Rept	93000		Audiometry	92552	Stress Test	93015	Destruct 2-14 Lesion, ea	17003x
Nebulizer Treatment	94640		Cerumen Removal	69210	Tympanometry	92567	Excision of Nail/Matrix	11750
			Spirometry	94010	Vision Test	99173	I&D Cyst/Abscess	10060
<b>ON-SITE LABORATORY TESTS (CLIA WAIVED)</b>								20600
Rapid Flu	87804	Hemocult, single slide	82272	Urine Dip	81003	Venipuncture	36415	Skin Tag Removal Up to 15
Glucose	82962	KOH	87220	Urine HCG	81025			11200
Rapid Strep A	87880	Wet Mount	87210					Wart Destruct-flat up to 14
Hemocult, 3 slide	82270							17110
<b>X-RAYS</b>								Other:
Ankle 3+ L R	73610	Foot 3+ L R	73630	KUB 1	74000	Spine-Thoracic	72070	
Chest PA & LAT	71020	Hand 3+ L R	73130	Rib Series Unilat 3+	71101	Spine-LS, 4+	72110	
Elbow 2 L R	73070	Hip 2+ L R	73521	Shoulder, 2+ L R	73030	Wrist 3+ L R	73110	
Finger 2+ L R	73140	Knee 1-2	73560	Spine-Cervical 4+	72050			
<b>IMMUNIZATIONS/INJECTIONS (DX-Z23)</b>								
Pediarix(Dtap-HepB-IPV)	90723	IPV	90713	Vitamin B-12	J3420	Immunization Admin (1)	90471	
PCV13	90670	MMR	90707	Ceftriaxone (per 250mg)	J0696	Immunization Admin (each additional)	90472	
DTaP (<7yrs)	90700	Td (>7 yrs)	90714	Decadron (per 1mg)	J1100	Injection Admin	96372	
HIB	90647	Tdap (>7 yrs)	90715	Depo Medrol (per 20 mg)	J1020	Flu (split->3yrs)		CPT code depends on the product
Hep A (adult)	90632	Allergy, 2+	95117	DepoProvera (per 1 mg)	J1050			
Hep A (child)	90633	PPSV23	90732	Diphenhydramine (up to 50mg)	J1200			
Hep B (adult)	90743	PPD	86580	Ketotolac (per 15mg)	J1885			
Hep B (child)	90744	Varicella	90716	Promethazine (up to 50mg)	J2550			
TwinRix (Hep A/Hep B)	90636	Zostavax	90736	Testosterone (per 1mg)	J1071			
<b>DIAGNOSIS CODES</b>				<b>PRIMARY DX CODES/DESCRIPTIONS</b>				
Findings	Normal	Abnormal						
General Physical	Z00.00	Z00.01						
GYN Exam-Routine	Z01.419	Z01.411						
Well Child	Z00.129	Z00.121		<b>ADDITIONAL DX CODES/DESCRIPTIONS</b>				
Work PE (pre-empl/other admin exam)	Z02.1	Z02.89						
Sports Physical	Z02.5							
DATE:								
PROVIDER SIG:								
BILL PT. CO-PAY AFTER PRIMARY INS. PAYS ____ Medicare/RRM ____ Other Primary		NO CO-PAY DUE (SPECIFY REASON BELOW)		TODAYS COPAY & PAYMENT = _____				
				TODAYS BALANCE DUE = _____				
				Cash, Chrg, Check# _____		( Bill Patient) INIT: _____		