

Patient Name: _____

Account # _____

Date of Birth _____

Date of Service _____

Insurance Carrier: _____

| Office | | | Prevent | | | Consults | | <input type="checkbox"/> No <input type="checkbox"/> Charge <input type="checkbox"/> No | | |
|--------------------------|-------|---------|--------------------------|-------|-------------|--------------------------|-------|---|-------|---------|
| NEW | | EST | NEW | | EST | | | | | |
| <input type="checkbox"/> | 99201 | Level 1 | <input type="checkbox"/> | 99381 | (Under 1yr) | <input type="checkbox"/> | 99391 | <input type="checkbox"/> | 99241 | Level 1 |
| <input type="checkbox"/> | 99202 | Level 2 | <input type="checkbox"/> | 99382 | (1-4) | <input type="checkbox"/> | 99392 | <input type="checkbox"/> | 99242 | Level 2 |
| <input type="checkbox"/> | 99203 | Level 3 | <input type="checkbox"/> | 99383 | (5-11) | <input type="checkbox"/> | 99393 | <input type="checkbox"/> | 99243 | Level 3 |
| <input type="checkbox"/> | 99204 | Level 4 | <input type="checkbox"/> | 99384 | (12-17) | <input type="checkbox"/> | 99394 | <input type="checkbox"/> | 99244 | Level 4 |
| <input type="checkbox"/> | 99205 | Level 5 | <input type="checkbox"/> | 99385 | (18-39) | <input type="checkbox"/> | 99395 | <input type="checkbox"/> | 99245 | Level 5 |
| | | | <input type="checkbox"/> | 99386 | (40-64) | <input type="checkbox"/> | 99396 | | | |
| | | | <input type="checkbox"/> | 99387 | (65+) | <input type="checkbox"/> | 99397 | | | |

| Office Procedures | | | Injections | | | Lab Tests | | |
|--------------------------|-------|-------------------------------|--------------------------|-------|---------------------------------|-------------------------------|-------|-----------------------|
| <input type="checkbox"/> | 46600 | Anoscopy, Diagnostic | <input type="checkbox"/> | 90658 | Flu Inoculation | <input type="checkbox"/> | 87797 | Chlamydia / GC Probe |
| <input type="checkbox"/> | 17000 | Destruction, Benign Lesion | <input type="checkbox"/> | 90632 | Hepatitis A Vaccine | <input type="checkbox"/> | 88160 | Cytology Smear |
| <input type="checkbox"/> | 17003 | Destruction, Lesion x Each | <input type="checkbox"/> | 90744 | Hepatitis B Vaccine, Adolescent | <input type="checkbox"/> | 82962 | Glucose, Finger Stick |
| <input type="checkbox"/> | 17004 | Disruption, 15+ Lesions | <input type="checkbox"/> | 90746 | Hepatitis B Vaccine, 20+ Yrs | <input type="checkbox"/> | 88150 | Pap Smear (Q0091) |
| <input type="checkbox"/> | 17110 | Destruction/Flat warts 1 -14 | <input type="checkbox"/> | 90471 | Injection / Immunization 1 only | <input type="checkbox"/> | 81002 | U/A |
| <input type="checkbox"/> | 17111 | Destruction/Flat Warts 14+ | <input type="checkbox"/> | 90472 | Injection / Immunization 2+ | <input type="checkbox"/> | 81015 | U/A with Micro |
| <input type="checkbox"/> | 69210 | Ear Washing | <input type="checkbox"/> | 90732 | Pneumovax Inoculation | <input type="checkbox"/> | 87252 | Viral Culture |
| <input type="checkbox"/> | 93000 | EKG Tracing & Reading | <input type="checkbox"/> | 86580 | PPD | <input type="checkbox"/> | 87210 | Wet Mount |
| <input type="checkbox"/> | 11000 | Debridment Skin | <input type="checkbox"/> | 90702 | DT Immunization | Medicare Immunizations | | |
| <input type="checkbox"/> | 12000 | Excise/Destruct Skin Tag, 1-5 | <input type="checkbox"/> | 90772 | Admin (I/m or Subq) | <input type="checkbox"/> | G0008 | Influenza |
| <input type="checkbox"/> | 11201 | Excise/Destruct Each Adidt 5 | <input type="checkbox"/> | J0696 | Rocephin 350mg | <input type="checkbox"/> | G0010 | Hepatitis B |
| <input type="checkbox"/> | -GA | Medicare Waiver Signed | Other | | | | | |
| <input type="checkbox"/> | -GB | Separate Procedure (Mcare) | | | | | | |
| <input type="checkbox"/> | 99455 | Workman Exam | | | | | | |
| <input type="checkbox"/> | L3908 | (WHO) Wrist Hand Orthosis | | | | | | |

| | | | | | | | | | | | |
|--------------------------|--------|-----------------------------|--------------------------|--------|---------------------------|--------------------------|--------|--------------------------------|--------------------------|--------|------------------------------------|
| <input type="checkbox"/> | 009.1 | Gastroenteritis, Infectious | <input type="checkbox"/> | 300.00 | Anxiety State | <input type="checkbox"/> | 716.90 | Arthropathy, Unspec | <input type="checkbox"/> | 493.90 | Asthma, Unspec |
| <input type="checkbox"/> | 075 | I.M. | <input type="checkbox"/> | 290.0 | Dementia | <input type="checkbox"/> | 724.4 | Back Pain w/ Radiation | <input type="checkbox"/> | 466.0 | Bronchitis, Acute |
| <input type="checkbox"/> | 487.1 | Influenza w/ URS | <input type="checkbox"/> | 290.40 | Dementia VBS | <input type="checkbox"/> | 723.9 | Cervical Disorder, NOS | <input type="checkbox"/> | 491.9 | Bronchitis, Chronic, Unspec |
| <input type="checkbox"/> | 795.5 | Positive PPD | <input type="checkbox"/> | 311 | Depression | <input type="checkbox"/> | 728.87 | Muscle Weakness, general | <input type="checkbox"/> | 493.81 | Bronchospasm, Exercise Induced |
| <input type="checkbox"/> | 077.99 | Viral Conjunctivitis | <input type="checkbox"/> | 305.90 | Drug Abuse | <input type="checkbox"/> | 729.1 | Myalgia/Myositis, Unspec | <input type="checkbox"/> | 496 | COPD |
| <input type="checkbox"/> | 057.9 | Viral Fever | <input type="checkbox"/> | 780.52 | Insomnia Unsp | <input type="checkbox"/> | 721.90 | Osteoarthritis Spine, NOS | <input type="checkbox"/> | 462 | Pharyngitis, Acute |
| <input type="checkbox"/> | 079.99 | Viral Infection | <input type="checkbox"/> | 300.01 | Panic Disorder | <input type="checkbox"/> | 715.90 | Osteoarthritis, Unspec | <input type="checkbox"/> | 486 | Pneumonia, Unspec |
| <input type="checkbox"/> | 076.10 | Warts, Unsp | <input type="checkbox"/> | 302.70 | Sexual Dysfunction NOS | <input type="checkbox"/> | 733.00 | Osteoporosis, Unspec | <input type="checkbox"/> | 477.9 | Rhinitis, Allergic |
| <input type="checkbox"/> | 266.2 | B12 Deficiency w/o Anemia | <input type="checkbox"/> | 307.81 | Tension Headache | <input type="checkbox"/> | 729.5 | Pain in Limb | <input type="checkbox"/> | 472.0 | Rhinitis, Chronic |
| <input type="checkbox"/> | 276.51 | Dehydration | <input type="checkbox"/> | 305.1 | Tobacco Abuse | <input type="checkbox"/> | 716.10 | Traumatic Arthropathy | <input type="checkbox"/> | 461.9 | Sinusitis, Acute |
| <input type="checkbox"/> | 250.90 | DMII, Unsp Comp | <input type="checkbox"/> | 354.0 | Carpel Tunnel | <input type="checkbox"/> | 794.31 | CIRCULATORY SYSTEM | <input type="checkbox"/> | 473.9 | Sinusitis, Chronic |
| <input type="checkbox"/> | 250.00 | DMII, uncomplicated | <input type="checkbox"/> | 438.9 | CVA | <input type="checkbox"/> | 413.9 | Abnormal EKG | <input type="checkbox"/> | 465.9 | URI |
| <input type="checkbox"/> | 271.9 | Glucose Intolerance | <input type="checkbox"/> | 327.52 | Leg Cramps, Nocturnal | <input type="checkbox"/> | 447.9 | Angina NOS | <input type="checkbox"/> | 463 | Unsilittis |
| <input type="checkbox"/> | 272.2 | Hyperlipidemia, Mixed | <input type="checkbox"/> | 310.1 | Memory/Cognitive Change | <input type="checkbox"/> | 449.9 | Arterial Disorder | <input type="checkbox"/> | 574.20 | GI |
| <input type="checkbox"/> | 272.4 | Hyperlipidemia, Unsp | <input type="checkbox"/> | 346.90 | Migraine | <input type="checkbox"/> | 427.31 | Arteriosclerosis | <input type="checkbox"/> | 564.00 | Cholelithiasis NOS |
| <input type="checkbox"/> | 250.80 | Hypoglycemia, DM II | <input type="checkbox"/> | 359.9 | Myopathy | <input type="checkbox"/> | 459.9 | Atrial Fibrillation | <input type="checkbox"/> | 562.10 | Constipation |
| <input type="checkbox"/> | 251.2 | Hypoglycemia, Non DM | <input type="checkbox"/> | 357.9 | Neuropathy | <input type="checkbox"/> | 796.2 | Circulatory Disorder | <input type="checkbox"/> | 562.10 | Diverticulosis |
| <input type="checkbox"/> | 244.9 | Hypothyroidism | <input type="checkbox"/> | 250.60 | Neuropathy, DM | <input type="checkbox"/> | 796.2 | Elevated BP | <input type="checkbox"/> | 536.8 | Dyspepsia |
| <input type="checkbox"/> | 269.9 | Nutritional deficiencies | <input type="checkbox"/> | 333.99 | Restless Legs | <input type="checkbox"/> | 429.9 | Heart Disease | <input type="checkbox"/> | 530.10 | Esophagitis |
| <input type="checkbox"/> | 278.00 | Obesity | <input type="checkbox"/> | 724.3 | Sciatica | <input type="checkbox"/> | 428.40 | Heart Failure, Combined | <input type="checkbox"/> | 535.50 | Gastritis |
| <input type="checkbox"/> | 278.02 | Overweight | <input type="checkbox"/> | 327.23 | Sleep Apnea Obstructive | <input type="checkbox"/> | 401.1 | Hypertension, Benign | <input type="checkbox"/> | 558.9 | Gastroenteritis |
| <input type="checkbox"/> | 289.9 | Anemia, Iron deficiency | <input type="checkbox"/> | 781.0 | Tremor/Spasms, NOS | <input type="checkbox"/> | 458.0 | Orthostatic Hypotension | <input type="checkbox"/> | 530.81 | GERD |
| <input type="checkbox"/> | 789.00 | Abdominal Pain, Unspec | <input type="checkbox"/> | 626.0 | MENSTRUATION | <input type="checkbox"/> | 427.0 | PSVT | <input type="checkbox"/> | 455.8 | Hemorrhoids, NOS |
| <input type="checkbox"/> | 790.6 | Abnormal Blood Chem. | <input type="checkbox"/> | 626.0 | Amenorrhea | <input type="checkbox"/> | 443.9 | Peripheral Vascular Dis | <input type="checkbox"/> | 787.03 | Vomiting, Alone |
| <input type="checkbox"/> | 790.29 | Abnormal Glucose, Other | <input type="checkbox"/> | 626.2 | Menorrhagia | <input type="checkbox"/> | 454.9 | Varicose Veins | <input type="checkbox"/> | 783.21 | Weight Loss |
| <input type="checkbox"/> | 795.09 | Abnormal Pap, Other | <input type="checkbox"/> | 627.9 | Menopausal Disorder | <input type="checkbox"/> | 595.0 | URINARY SYSTEM DISEASES | <input type="checkbox"/> | 919.0 | OTHER TRAUMA |
| <input type="checkbox"/> | 793.1 | Abnormal X-ray Lung | <input type="checkbox"/> | 626.6 | Metrorrhagia | <input type="checkbox"/> | 585.9 | Cystitis, Acute | <input type="checkbox"/> | 924.9 | Abrasion, Unspec |
| <input type="checkbox"/> | 719.40 | Arthraigia | <input type="checkbox"/> | 625.3 | Painful Menstruation | <input type="checkbox"/> | 593.9 | UTI | <input type="checkbox"/> | 919.4 | Bruise Contusion, Unspec |
| <input type="checkbox"/> | 786.50 | Chest pain | <input type="checkbox"/> | V07.4 | Postmen Hormone Rplc | <input type="checkbox"/> | 599.0 | UTI | <input type="checkbox"/> | 995.20 | Insect Bite |
| <input type="checkbox"/> | 780.71 | Chronic Fatigue Synd | <input type="checkbox"/> | 525.4 | PMS | <input type="checkbox"/> | 607.1 | MALE GENITAL DISEASES | <input type="checkbox"/> | 995.20 | Medication, Adverse Effects |
| <input type="checkbox"/> | 786.2 | Cough | <input type="checkbox"/> | 706.1 | SKIN | <input type="checkbox"/> | 607.1 | Balanitis | <input type="checkbox"/> | V68.9 | SUPPLEMENTAL CLASSIFICATION |
| <input type="checkbox"/> | 799.81 | Decreased libido | <input type="checkbox"/> | 682.9 | Acne, Other | <input type="checkbox"/> | 600.01 | BPH w/ Obstruction | <input type="checkbox"/> | V65.40 | Administrative, Other |
| <input type="checkbox"/> | 787.91 | Diarrhea, NOS | <input type="checkbox"/> | 692.9 | Cellulitis/Abscess | <input type="checkbox"/> | 600.00 | BPH w/o Obstruction | <input type="checkbox"/> | V58.61 | Advice/Health Instruction |
| <input type="checkbox"/> | 780.4 | Dizziness/Vertigo NOS | <input type="checkbox"/> | 691.8 | Contact Dermatitis, NOS | <input type="checkbox"/> | 302.72 | Impotence | <input type="checkbox"/> | V58.61 | Anticoagulant Therapy |
| <input type="checkbox"/> | 782.3 | Edema Localized, NOS | <input type="checkbox"/> | 110.1 | Eczema, Atopic Dermatitis | <input type="checkbox"/> | 607.84 | Impotence, Organic | <input type="checkbox"/> | V25.9 | Contraception Management |
| <input type="checkbox"/> | 780.79 | Fatigue | <input type="checkbox"/> | 709.9 | Onychomycosis | <input type="checkbox"/> | 605.9 | Male Genital Disease | <input type="checkbox"/> | V04.81 | Flu Shot |
| <input type="checkbox"/> | 300.6 | Fatigue, Psychogenic | <input type="checkbox"/> | 696.3 | Other Skin Disease | <input type="checkbox"/> | 601.9 | Prostatitis, NOS | <input type="checkbox"/> | V72.31 | Gynecological Exam |
| <input type="checkbox"/> | 781.2 | Gait Disturbance | <input type="checkbox"/> | 698.9 | Pityriasis rosea | <input type="checkbox"/> | 099.40 | Urethritis | <input type="checkbox"/> | V70.0 | Health Checkup, Not Pediatric |
| <input type="checkbox"/> | 787.3 | Gas/ Bloating | <input type="checkbox"/> | 695.3 | Pruritus | <input type="checkbox"/> | 611.9 | BREAST DISEASES | <input type="checkbox"/> | V67.51 | High Risk Medication |
| <input type="checkbox"/> | 271.9 | Glucose Intolerance | <input type="checkbox"/> | 706.2 | Rosacea | <input type="checkbox"/> | 611.72 | Breast Disease | <input type="checkbox"/> | V06.9 | Immunization, Combination |
| <input type="checkbox"/> | 784.0 | Headache, Unspec | <input type="checkbox"/> | 111.0 | Sebaceous Cyst | <input type="checkbox"/> | 793.80 | Breast Lump | <input type="checkbox"/> | V06.1 | Immunization, DPT |
| <input type="checkbox"/> | 787.1 | Heartburn | <input type="checkbox"/> | 708.9 | Tinea Versicolor | <input type="checkbox"/> | 611.0 | Mammogram, Ab | <input type="checkbox"/> | V05.9V | Immunization, Single |
| <input type="checkbox"/> | 784.49 | Hoarseness | <input type="checkbox"/> | 380.10 | Urticaria, Unspec | <input type="checkbox"/> | 616.2 | Mastitis, NOS | <input type="checkbox"/> | V66.0 | Letter, Form, w/o Exam |
| <input type="checkbox"/> | 786.6 | Incontinence/Enuresis | <input type="checkbox"/> | 382.00 | EAR DISEASE | <input type="checkbox"/> | 616.0 | FEMALE GENITAL DISEASES | <input type="checkbox"/> | V68.81 | Referral w/o Exam |
| <input type="checkbox"/> | 782.2 | Localized Swilling/Mass | <input type="checkbox"/> | 382.00 | Otitis Ext | <input type="checkbox"/> | 625.0 | Bartholin Cyst | <input type="checkbox"/> | V82.9 | Screening Unspec |
| <input type="checkbox"/> | 785.6 | Lymph Nodes, Enlarged | <input type="checkbox"/> | 386.10 | Otitis Media w/o Rupture | <input type="checkbox"/> | 629.9 | Cervicitis | | | |
| <input type="checkbox"/> | 729.5 | Pain in Limb | <input type="checkbox"/> | 386.10 | Vertigo, Central | <input type="checkbox"/> | 614.9 | Dyspareunia | | | |
| <input type="checkbox"/> | 785.1 | Palpitations | <input type="checkbox"/> | 380.4 | Vertigo, Peripheral Unsp | <input type="checkbox"/> | 625.6 | Female Genital Disease | | | |
| <input type="checkbox"/> | 782.1 | Rash, Unspec | <input type="checkbox"/> | 372.30 | Wax in Ear | <input type="checkbox"/> | 616.10 | PID | | | |
| <input type="checkbox"/> | 780.39 | Seizures Convulsions | <input type="checkbox"/> | 368.10 | EYE DISEASES | <input type="checkbox"/> | 616.10 | Stress Incontinence, Female | | | |
| <input type="checkbox"/> | 786.05 | Shortness of Breath | | | Conjunctivitis | | | Vaginitis/Vulvitis, Uspc | | | |
| | | | | | Visual Disturbance | | | | | | |

Physician Signature / date: _____