

Hospital/Medical Center Practice Name - Inpatient Billing

Ticket #
Visit code

Account	Phone	Birth	Sex	Service Date
Address		Pt Balance	Code	
Policy Holder name		Insurance Plan & ID No.		
Provider	Referring Physician	Financial Class	Last Payment	
Hosp Admission	Discharge			

CONSULTATION	NEW PATIENTS	PROLONGED SERVICES
99251 Initial Inpatient Consultation	99221 Initial Hospital Care	99356 First Hour, Inpatient
99252 Initial Inpatient Consultation	99222 Initial Hospital Care	99357 Each Additional 30 min
99253 Initial Inpatient Consultation	99223 Initial Hospital Care	
99254 Initial Inpatient Consultation		DISCHARGE
99255 Initial Inpatient Consultation		99238 Hospital discharge Management
	DIAGNOSIS	99239 More than 30 minutes
HOSPITAL OBSERVATION SVS		
99217 Discharge Day Mgt		EMERGENCY OUTPATIENT CONSULTATION
99218 Observation Care per Day		99242 Expanded Consult
99219 Observation Care Per Day		99243 Detailed Consult
99220 Observation Care per Day		99244 Comprehensive Consult
		99245 Complex Consult
SUBSEQUENT HOSPITAL CARE		
99231 Subsequent Hospital		
99232 Subsequent Hospital		
99233 Subsequent Hospital		

MONTH _____ YEAR _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
C O N																															
S U B																															
I N I																															
E R																															
O T H																															

Current	30 Days	60 Days	90 Days	120 Days	Previous Balance	
Previous Diagnosis					Charges	
					Payments	
					Total Balance	