

Practice Name
 Street Address
 City, State Zipcode
 Telephone #

Appt Time
Visit code

Tax ID #

Account	Phone	Birth	Sex	Service Date
Address (Street, City, State, and Zipcode)		Pt Balance	Code	
Policy Holder name	Insurance Plan & ID No.		CoPay	
Provider	Referring Physician	Financial Class	Last Payment	
Hosp Admission	Discharge	Financial Class Secondary		

CONSULTATION			IMMUNIZATIONS			RABIES POST EXPOSURE		
99245	COMPRHENSIVE		90646	HIB BOOSTER		99202	FOCUSED New Patient	
99244	MODERATE		90632	HEPATITIS A SERIES				
99243	DETAILED		90746	HEPATITIS B SERIES		90675	RABIES VACCINE SERIES	
99242	EXPANDED		90747	HEP B SERIES IMMUNO		90376	RABIES IG #	
			90658	INFLUENZA				
ESTABLISHED VISITS			90281	I G G #		90675	RABIES PE DAY 3 2ND	5 5 5 5 7
99215	COMPRHENSIVE		55555	MEDICARE INFLUENZA		90675	RABIES PE DAY 7 3 RD	5 5 5 5 8
99214	DETAILED		90733	MENINGOCOCCAL		90675	RABIES PE DAY 14 4 TH	5 5 5 5 9
99213	EXPANDED		90734	MENACTRA (<Age 55)		90675	RABIES PE DAY 28 5TH	5 5 5 5 0
99212	FOCUSED		86580	P P D				
			90732	PNEUMOCOCCAL		PROCEDURES		
NEW PATIENTS			55554	MEDICARE PNEUMOCOCCAL		907320	B I A	
99205	COMPRHENSIVE NP		90718	TD		10160	PUNCTURE ASPIRATION	
99204	DETAILED NP		90636	TWINRIX		10140	DRAINAGE OF HEMATOMA	
99203	EXPANDED NP		90716	VARICELLA VACCINE		10060	I & D OF SKIN ABSCESS	
99202	FOCUSED NP		90396	VARICELLA IG #		20600	DRAIN/INJECT JOINT	
						90471	IMMUNIZ ADMIN	
						90472	IMMUNIZ ADMIN > 1	
						996580	PPD READING	
PROLONGED SERVICES			55540	PENICILLIN x 2		999998	STUDY PATIENT	
99354	FIRST HOUR		J0570	x 2		99998	NC	
99355	EACH ADDIT 30 MIN		90772	x 2		99024	IME	
99212A	FOLLOW UP IV MANAGEMENT							

DIAGNOSIS

Current	30 Days	60 Days	90 Days	120 Days	Previous Balance	
Previous Diagnosis					Charges	
					Payments	
RETURN	_____ Days	_____ Weeks	_____ Month	NEXT APPT:	CC/CASH/CK #	Total Balance