# Dr I M Wonderful

**1245 Great Road, Ste 301**

**Your Town USA 12345-6789**

**(999) 123-4567**

# MO License R8127

## Evaluation & Management Code Fee

 New Patient, Minimal 99201

 New Patient, Problem 99202

 New Patient, Low Complex 99203

 New Patient, Mod Complex 99204

 New Pat, High Complexity 99205

 New Pat, part of surgery\* 99025

 Established Pt, Minimal 99211

 Establish Pat, Problem 99212

 Establish Pt, Low Complex 99213

 Establish Pat, Detailed 99214

 Est Pat, Comprehensive 99215

 *New Estab*

 Well Woman 12-17 99384 99394

 Well Woman 18-39 99385 99395

 Well Woman 40-64 99386 99396

 Well Woman 65+ 99387 99397

 Antepartum visit 59420

 Postpartum visit 59430

 Post operative visit 99024

 Office Consult, Limited 99241

 Off Consult,Straightforward99242

 Off Consult, Low Complex 99243

 Off Consult, Mod Complex 99244

 Off Consult, High Complex 99245

 Inpt Consult,Straightforward99251

 Inpt Consult, Expanded 99252

 Inpt Consult, Detailed 99253

 Inpt Consult,Comprehensive99254

 Inpt Consult, High Complex 99255

 Second Opinion, Problem 99271

 Sec Opinion,Straightforward99272

 Sec Opinion, Low Complex 99273

 Sec Opinion, Mod Complex 99274

 Sec Opinion, High Complex 99275

**Diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: Account No.:

I hereby authorize my insurance benefits to be paid directly to the physician and acknowledge that I am financially responsible for any unpaid balance. I also authorize the physician to release any information requested by the insurance company.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Network Ref Lab NRL-NC

**SmithKline BJC Lab Lab Corp**

# Fed Tax ID 43-9999999

##  Laboratory Code Fee

 Pap Smear 88150

 Specimen Prep 99000

 AFP Triscreen 82105

 Antibody Screen 86850

 Beta Strep Screen 86403

 Beta HCG, Qualitative 84703

 Beta HCG, Quantitative 84702

 CA 125 86316

 CBC w/differential 85022

 Chlamydia Culture 87110

 Estradiol 82670

 Fasting Blood Sugar 82947

 FSH 83001

 GC Culture 87070

 Gestational Glucose 82950

 Hemacult 82270

 Hematocrit 85014

 Hemoglobin 85018

 Hepatitis B 87340

 Herpes Culture 87274

 HIV 86701

 LH 83002

 Obstetric Profile 80055

 Post Coital Test 89300

 Prolactin 84146

 RPR 86592

 Serum Progesterone 84144

 Sickle Cell 85660

 Three Hour GTT 82951

 Thyroid Profile 80091

 Tissue Biopsy 88305

 UCG 81025

 Urinalysis 81000

 Urinalysis Dip 81002

 Urine Culture 87086

 Wet Mount 87210

**Medication/Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Payment New Balance

Date : Check [ ] #\_\_\_\_\_\_\_\_\_\_

Cash [ ] MC/VISA [ ]

For BILLING QUESTIONS, please call (999) 123-4567

**$\_\_\_\_\_\_\_copay**

**Need Referral Referral#\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s Payment:**

**Check [ ]#\_\_\_\_\_\_Cash [ ] MC/VISA[ ]**

## Surgeries/Procedures Code Fee

 Biopsy of Cervix\* 57500

 Biopsy, Endometrial\* + 58100

 Biopsy, Vaginal Mucosa\* 57100

 Biopsy, Vulvar,1 lesion 56605

 Colposcopy\* 57452

 Colposcopy w/biopsy(ies)\*57454

 Cryosurgery of Cervix\* 57511

 Cryosurgery of Vulva\* 56515

 Destruct vag lesion,simple 57061

 Destruct vulvar lesion,sim 56501

 Destruct vulvar lesion,ext 56515

 Diaphragm fitting 57170

 Endocervical Curettage 57505

 Excision skin tag(s) 1-15\* 11200

 I&D Abscess, Simple 10060

 I&D Bartholin Abscess\* 56420

 I&D Vulvar Abscess\* 56405

 IUD J7300

 IUD Insertion\* 58300

 IUD Removal 58301

 LEEP + 57460

 Surgical Tray + A4550

 Vaginal Painting\* 57150

 Injection 90782

 Depo Provera 150 mg J1055

 Lupron Depot 3.75 mg J1950

 Lupron Depot 11.25 mg J1950

 Rhogam 90742

 Rocephin J0696

 Biophysical Profile 76818

 Fetal Non-Stress Test 59025

 OB Ultrasound, Complete 76805

 Multiple Gestation 76810

 Follow Up OB Ultrasound76816

 Limited OB Ultrasound 76815

 Pelvic GYN Ultrasound 76856

 Transvaginal Ultrasound 76830

# Physician Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Return in \_\_\_\_\_\_\_weeks\_\_\_\_\_\_\_months

There is a charge for missed appointments.

Next Appointment\_\_\_\_\_\_\_\_\_\_\_\_\_\_,199\_\_\_

 At \_\_\_\_\_\_\_\_\_\_\_\_AM/PM