# 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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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:

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

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

There is a charge for missed appointments.

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

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