ABC Health Care - Main Street Hospital
Healthcare Clinic

Patient Name: _____ ☐ New ☐ Estab
please print

Date: _____ MR#: _____ Doctor: _____

Type of Insurance: _____ attach copy of card _____

OFFICE VISITS	NEW	ESTAB	FEE
Brief	99201	99211	
Limited Complexity	99202	99212	
Low Complexity	99203	99213	
Moderate Complexity	99204	99214	
High Complexity	99205	99215	
Nurse visit	99201	99211	
PREVENTIVE VISITS	**NEW**	**ESTAB**	**FEE**
Under 1 Year	99381	99391	
1-4 Years	99382	99392	
5-11 Years	99383	99393	
12-17 Years	99384	99394	
18-39 Years	99385	99395	
40-64 Years	99386	99396	
65 Years and over	99387	99397	
Well Child (use preventive code)			

	NEW	ESTAB	FEE
Medicaid Prenatal	99203	99213	
Well woman- (MC)	99203	99213	
Global Prenatal	global	global	
Post Operative	n/c	n/c	
PostPartum	59425	59425	

IMMUNIZATIONS	FEE
DTAP 1 2 3 4	
DTAP - HIB	
Hep A - Adult	
Hep A - Peds	
Hep B - Adult	
Hep B - Peds	
HEP - HIB	
HIB 1 2 3 4	
Influenza - < 3 years	
Influenza - > 3 years	
IPV 1 2 3 4 5	
MMR 1 2	
Meningoccocal	
Pediarix 1 2 3 4	
= (Dtap-IPV-Hep B)	
Pneumococcial-Adult	
Prevnar 1 2 3 4	
Synagis_____mg	
Td age 7 +	
Varicella 1 2	
Vaccine Administration1st	
Vaccine Admin -ea addt'l	
Admin-Intranasal/Oral-1st	
Intranasal/Oral-each addtl	
Admin -therapeutic inj	

Arthro[illegible]sis	
Arthro[illegible]esis	
[illegible]tesis Sm	
_____mg	
Depomedrol_____mg	
Epidural	
Kenalog	
Lidocaine	
Penicilin_____mg	
Rocephin per 250 mg	
Vit B12	

OFFICE PROCEDURES		FEE
Audiology/Tympanometry	92587	
Bladder cath	51701	
Colposcopy	57452	
Colposcopy w/Biopsy	57454	
Debridment	11000	
Destruction Warts <15	17110	
ECG 12 Leads	93000	
ECG Rhythm Strip (3 leads)	93040	
Glucose Fingerstick	82948	
Hemacue	85108	
Hemoccult (MC G0107)	82270	
Hemoglobin - MC/QW	85018	
I&D Simple	10060	
KOH Tissue	87220	
Nebulizer Teaching	94664	
Nebulizer Treatment	94640	
Rapid Strep Screen MC/QW	878[illegible]	
Removal-Impacted Cerumen		
Skin Tag Removal <15	[illegible]00	
Suture removal	[illegible]211	
TB-PPD	[illegible]580	
U/A [illegible]scc		
U/A [illegible]		
[illegible]/A [illegible]anc	[illegible]205	
[illegible]eni[illegible]ure [illegible]01)	[illegible]415	
[illegible]Vet [illegible]t KO[illegible]C Q0112	[illegible]210	

OUTSIDE LABS		FEE
AFP Triple Screen	AFP	
ALT SGPT	84460	
ANA w/Reflex	86038+	
Basic Metabolic Panel	80048	
Blood type & RH		
C/S - Stool	87045++	
C/S - Throat	87081+++	
C/S - Urine	87088++	
CBC + Differential	85025	
CBC - no Differential	85024	
CEA	82378	
Cholestrol Total	82465	
Combined GC/Chlam DNA		
Comp Metabolic Panel	80053	
Dilantin Level	80185	
Electrolyte Panel	80051	
Ferritin	82728	
FSH	83001	

OUTSIDE LABS		FEE
General Health Panel	80050	
Genital Culture	87081	
Glucose -Serum Fasting	82947	
GTT x 3	82951	
GTT-1 hour (OB)	82950	
H Pylori IgG Antibody	86677	
Hemoglobin AIC	83036	
Hep B Surface Antibody	86706	
Hep B Surface Antigen	87340	
Hep C Ab	86803	
Hep C Ab W/RIBA Reflex	86804	
Hepatic Function Panel	80076	
Hepatiti[illegible]-acute	80074	
Het[illegible]Screen	86308+	
H[illegible]al L[illegible]	HIV	
H[illegible] At[illegible]rmation	86701+	
[illegible]IBC	83540/83550	
[illegible]Se[illegible]	83655	
[illegible]	80061	
Lith[illegible]	80178	
Micro-Albumin-Urine	82043	
Obstetric Panel	80055	
Ova & Parasites	OVP	
Ova & Parasites X3	OVP3	
Potassium Serum	84132	
Pregnancy Qualititive	84703	
Pregnancy Quantative	84702	
Protactin	84146	
Protein Total	84155	
PSA total	84153	
PT	85610	
PTT	85730	
Renal Function Panel	80069	
Reticulocyte Count	84045	
Rheumatoid Factor	86431	
RPR w/Reflex	86592++	
Rubella IgG Antibody	86762	
Sed Rate (ESR)	85651	
Stool Culture	SC	
Testosterone - Total	84403	
Thin Prep	88142	
Thyoxine Total	84436	
Tissue Pathology -see level	8830#	
T-Lymphocyte Panel W/CBC	85025/86360	
TSH	84443	
TSH with Free T4	84443+84439	
Uric Acid blood	84550	
Urinalysis w/Micro	81001	
Urine drug screen (10)	80100++	
Varicalla IgG Antibody	86787	
Wound Culture (site?)		

Other Procedure: 1

(2)

Diagnosis (1) _____ **icd9** _____

(2) _____ **icd9** (3) _____ **icd9**

Refer to: _____ **Return** _____

Prev Balance _____

Today's Charges _____

--Discount _____

Amt Paid _____ Check #

Doctor Signature _____ **Date** _____

Sample

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