

Happy Valley Medical Clinic

5222 E. Baseline Rd.

Gilbert, AZ 85234

(800) 333-4747

J.D. Mallard, M.D.

Robert E. Lee, M.D.

Appointment Date: 1/9/2006				Time: 3:00:00 PM				Previous Balance				\$ 79.00							
Patient Name Doe, Jane S								Today's Payment:								Today's Charge			
Account Number DOEJA000								☐ Cash ☐ Check ☐ Credit Card (Visa/Master Card)								Today's Payment			
Address 222 East Jane Street																New Balance			
City, State Zip Mesa, AZ 85213																			
Phone Number (480)999-9999																			
Primary Insurance MED00 Medicaid								Provider JM											

OFFICE VISITS			FEE			OFFICE VISITS			FEE			DIAGNOSIS CODES		
NEW	EST.	FEE												
LEVEL I	99201	99211	Ear Lavage/rem of Cerumen	99210		Adm. IMM. (Single)	99471			Allergic Rhinitis, Cause Unspecified	477.9			
			Catheterization, straight	51702		Adm. IMM. (Each Addn)	99472			Asthma, Bronchial not severe/ongoing	493.90			
LEVEL II	99202	99212	Catheterization Tray	A4312		OT, Adult	VFC 99719			Attention Deficit Disorder (ADD)	314.00			
LEVEL III	99203	99213	Lumbar Puncture	62270		OT, Child	VFC 99702			Attn. Deficit Hyperactive Disorder	314.01			
LEVEL IV	99204	99214	Lumbar Tray	A4550		DTaP	VFC 99700			Bronchitis, acute	466.0			
LEVEL V	99205	99215	Update1	94640		DTaP/HIB	VFC 99721			Cellulitis (site)	462.0			
MODIFIER - 25			Nebulizer Set-up	A7003		DTaP/HIB	VFC 99720			Croup	464.4			
WELL CARE (PREVENTIVE)			Nebulizer Mask & Tubing	A7016		Flu Vaccine (6-35 mo.)	90657			Diabetes	250.00			
AGE	NEW	EST.	Meds			Flu Vaccine >3yr	VFC, 3 90658.1			IDDM, controlled	250.01			
UNDER 1	99381	99391	Pulse OX	94760		Flu Mist	90660			IDDM, Uncontrolled	250.03			
1-4	99382	99392	Tympanometry	92567		Flu Mist Admin.	90473			Diarhea, NOS	787.91			
5-11	99383	99393	Visual Screening	99173		Hep B Vaccine	VFC			Enteritis, Viral	008.8			
12-17	99384	99394	Otoacoustic Emissions (OAE)	92587		Pediatric/adol	90744			Fever	780.6			
CONSULTATIONS			Audiometry	92502		20-over	90745			Gastroenteritis	568.9			
REFERRED BY			Forced Vital Capacity	94010		Hep B/HIS	VFC 90749			Otitis media acute nonsuppurative	381.00			
			Post BD (medication)	94060		HIS	VFC 90648			Otitis media acute suppur, w/o rupture	382.00			
MINOR SURGERY			Meds			HPV	VFC 90713			Otitis media acute suppur, w/ rupture	382.01			
ABSCESS I & O	10060*		CLIS WAIVED LABORATORY			MMR	VFC 90707			Otitis media, NOS	382.9			
AVULSION, NAIL	11730*		Strap Screen A	87680		Pneumonia Vac.	90732			Pharyngitis, acute	462			
BURN CARE, SMALL	16020*		Urine Dip-Non Auto	81002		Prevnar (Pneumonia)	VFC 90669			Pharyngitis, strep	034.0			
LESION REMOVAL			Glucose Finger Stick	82962		Varicella	VFC 90716			Pneumonia, bacterial	462.89			
WART REMOVAL (1-14)	17110*		Mono Spot	86308		Pediatric	VFC 90723			Pneumonia, Viral	460.9			
SITE	#		Hemocult	82270		INJECTIONS				Preocious sexual development	259.1			
WOUND REPAIR			Pregnancy Urine	81025		Adm. Antibiotic IM	90788			Sinusitis, acute; site	461.0			
SIMPLE: LENGTH	CM		Vaginal Wet Prep	80210		Adm. IM/Sub Q	90782			Sinusitis, acute, Unspec. (NOS)	461.9			
SITE			Hemoglobin	85018		Allergy w/o Allergen	95115/17			Sprain, site				
CAUTERIZATION/GRANULOMA			17200		OTHER SERVICES					Tonsillitis, acute	463			
FOREIGN BODY REMOVAL			Dressing Change	16020			95120/95125			Upper respiratory infect.,acute,NOS	465.9			
EYE, SUPERFICIAL, CONJ	65205*		Suture Tray Supplies/Meds	99070		PPD/Mantoux	85580			UTI	599.0			
OTHER SITE			Education of Med Equip	94664		Synage	95378			Viral Infection (NOS)	079.99			
EXAMINATIONS						MEDICATIONS				RAW	786.07			
Exam for Condition Not Found						Rocaphen	mg	20696		Warts	078.10			
Suspected, Specified			V71.89				mg			Eczema	692.9			
Suspected, Unspecified			V71.9			Decadron	4mg/ml	21100		Constipation	564.00			
Follow-Up, Specified Condition			V87.59			Lidocaine		20001		Encopresis	787.6			
Physical Exam			V70.6			Ampicillin 125mg		20280						
Well Baby or Child (0-18)			V20.2			Ampicillin 250mg		20290						
						Bicillin Intra		20540						
						Scalr LA		20570						

INSTRUCTIONS TO PT:												PHYSICIAN'S SIGNATURE											
SCHEDULE FOR:																							
RETURN VISIT: Day(s) Week(s) Month(s) Annual PPN BP Check 10 min. 20 min. 30 min. 1 HR																							
DIAGNOSIS:		1.																					
		2.																					

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