

Happy Valley Medical Clinic

5222 E. Baseline Rd.

Gilbert, AZ 85234

(800)333-4747

Date: 1/9/2006

J.D. Mallard, M.D.**Robert E. Lee, M.D.**

Voucher #: 1006

Appointment Date: 1/9/2006	Time: 3:00:00 PM	Provider: JM	CoPay: \$10.00	Previous Balance:	\$ 79.00
Patient Name: Doe, Jane S			Date of Birth: 04/28/1962		Today's Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
Account #: DOEJA000			Primary Ins: MED00 Medicaid		
Address: 222 East Jane Street			Chart #:		Today's Charge
City, State Zip: Mesa, AZ 85213		Appointment Notes:			
Phone Number: (480)999-9999		Note area. Notes Entered on the Appointment			New Balance:

HISTORY-EXAM-DECISION MAKING**OFFICE-VISIT-ESTABLISHED**

_____ 99211 Minimal / 0
 _____ 99212 pf / pf / s / 10
 _____ 99213 epf / epf / low / 15
 _____ 99214 d / d / mod / 25
 _____ 99215 c / c / high / 40
 _____ 99354 ext / 1 hour
 _____ 99355 add each 1/2 hour

CONSULTATION

_____ 99241 pf / pf / s / 15
 _____ 99242 epf / epf / s / 30
 _____ 99243 d / d / low / 40
 _____ 99244 c / c / mod / 60
 _____ 99245 c / c / high / 80

CONSULTATION-2ND OPINION

_____ 99217 pf / pf / s
 _____ 99272 epf / epf / s
 _____ 99273 d / d / low
 _____ 99274 c / c / mod
 _____ 99275 c / c / high

NEW PATIENT-SELF REFERRED

_____ 99202 eph / eph / s / 20
 _____ 99203 d / d / low / 30
 _____ 99204 c / c / mod / 45
 _____ 99205 c / c / high / 60

INJECTION

_____ J3420 B 12
 _____ J1100 Decadron
 _____ 90657 Flu Vaccine
 _____ 90732 Pneumonococal
 _____ J9260 Methorexate
 _____ 90730 Hepatitis A Vaccine
 _____ 90746 Hepatitis B Vaccine

PROCEDURE

_____ 99070 Hemoccult Card
 _____ 82270 Hemoccult Test
 _____ 46934 IRC, Int
 _____ 46936 IRC, Int. & Ext.
 _____ 46083 Incision, Throm Hemorr
 _____ 46320 Encleation of Hemorr
 _____ 10060 Incision & Drainage
 _____ 46600 Anoscopy
 _____ 43450 Dilation of Esophagus

MISCELLANEOUS

_____ 99080 Reports / Aps
 _____ 99371 Phone Calls

LABORATORY

_____ G0001/36425 Drawing Fee

ON RETURN VISIT OBTAIN**NEXT APPOINTMENT**

_____ Week (s)
 _____ Month (s)
 _____ Year
 _____ PRN

ENDOSCOPY _____

OP TESTING _____ **STA** _____ **LPN** _____ **WSC** _____

DIAGNOSIS:

SIGN _____