

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: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (Visa/Master Card)	Today's Charge
Account Number DOEJA000	Date of Birth 04/28/1962		Today's Payment
Address 222 East Jane Street			
City, State Zip Mesa, AZ 85213			
Phone Number (480)999-9999			New Balance
Primary Insurance MED00 Medicaid		Provider JM	

OFFICE VISITS			FEE	OFFICE VISITS		FEE	DIAGNOSIS CODES	
NEW	EST.	FEE	Ear Lavage/rem'l of Cerumen	69210	Adm, IMM. (Single)	90471	Allergic Rhinitis, Cause Unspecified	477.9
LEVEL I	99201	99211	Catheterization, straight	51702	Adm, IMM. (Each Add'l)	90472	Asthma, Bronchial not severe/prolong	493.90
LEVEL II	99202	99212	Catherization Tray	A4312	DT. Adult	VFC 90718	Attention Deficit Disorder (ADD)	314.00
LEVEL III	99203	99213	Lumbar Puncture	62270	DT. Child	VFC 90702	Attn. Deficit Hyperactive Disorder	314.01
LEVEL IV	99204	99214	Lumbar Tray	A4550	DTaP	VFC 90700	Bronchitis, acute	466.0
LEVEL V	99205	99215	Updraft	94640	DTaP/HIB	VFC 90721	Cellulitis (site)_____	682.____
MODIFIER - 25			Nebulizer Set-up	A7003	DTP/HIB	90720	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	Diarrhea, 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	92552	20>over	90746	Gastroenteritis	558.9
REFERRED BY _____			Forced Vital Capacity	94010	Hep B/HIB	VFC 90748	Otitis media acute nonsuppurative	381.00
	9924_		Post BD (medication)	94060	HIB	VFC 90648	Otitis media acute suppur.w/o rupture	382.00
MINOR SURGERY			Meds_____		IPV	VFC 90713	Otitis media acute suppur.w/ rupture	382.01
ABCESS I & O	10060*		CLIS WAIVED LABORATORY		MMR	VFC 90707	Otitis media, NOS	382.9
AVULSION, NAIL	11730*		Strep Screen A	87880	Pneumonia Vac.	90732	Pharyngitis, acute	462
BURN CARE, SMALL	16020*		Urine Dip-Non Auto	81002	Prev nar (Pneumonia)	VFC 90669	Pharyngitis, strep	034.0
LESION REMOVAL			Glucose Finger Stick	82962	Varicella	VFC 90716	Pneumonia, bacterial	482.89
WART REMOVAL (1-14)	17110*		Mono Spot	86308	Pediarix	VFC 90723	Pneumonia, Viral	480.9
SITE _____ # _____			Hemocult	82270	INJECTIONS		Precocious sexual development	259.1
WOUND REPAIR			Pregnancy Urine	81025	Adm. Antibiotic IM	90788	Sinusitis, acute; site _____	461.____
SIMPLE: LENGTH _____ CM			Vaginal Wet Prep	87210	Adm. IM/Sub Q	90782	Sinusitis, acute, Unspec. (NOS)	461.9
SITE: _____			Hemoglobin	85018	Allergy w/o Allergen	95115/17	Sprain, site _____	_____
CAUTERAZATION/ GRANULOMA	17250		OTHER SERVICES		Allergy w/Allergin single/multi		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	86580	UTI	599.0
OTHER SITE _____			Education of Med Equip	94664	Sy nagis	90378	Viral Infection (NOS)	079.99
					MEDICATIONS		RAW	786.07
EXAMINATIONS					Rocephin _____mg	J0696	Warts	078.10
Exam for Condition Not Found					_____mg		Eczema	692.9
Suspected, Specified	V71.89				Deacadron _____4mg/ml	J1100	Constipation	564.00
Suspected, Unspecified	V71.9				Lidocaine _____	J2001	Encopresis	787.6
Follow-Up, Specified Condition	V67.59				Ampicillin 125mg	J0280		
Physical Exam	V70.0				Ampicillin 250mg	J0290		
Well Baby or Child (0-18)	V20.2				Bicillin Intra	J0540		
					Bicillin LA	J0570		

INSTRUCTIONS TO PT: _____ PHYSICIAN'S SIGNATURE _____

SCHEDULE FOR: _____

RETURN VISIT: ___ Day(s) ___ Week(s) ___ Month(s) ___ Annual ___ PRN ___ BP Check ___ 10 min. ___ 20 min. ___ 30 min. ___ 1 HR

DIAGNOSIS: 1. _____
2. _____