

Medicos para la Familia
Concepcion Martinez M.D.
Rickey Carson M.D.
Kim Stuckey M.D.
Julien Fields M.D.
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Edmundo Yibirin M.D.
Cleo Carter M.D.
James Chiu M.D.
Ravi Singh M.D.
and Group

3030 Covington Pike, Ste 100
Memphis, TN 38128
4356-F Nolensville Pike
Nashville, TN 37211

Pt. Name: _____ **DOB:** _____

Patient ID# _____ **Date:** _____

Payment (circle one): No Insurance **TennCare** Medicare Insurance

Type of Visit (circle one): New or Established; Appt or Walk-In

Time Registered _____ **Time In Room** _____ **Time at Cashier** _____

PLEASE CIRCLE CODES ON BACK OF SHEET—Update 01-20-09 wmr

OFFICE VISITS (circle all that apply)

| Evaluation/Management | | | Well Child Care/Preventive | | |
|-----------------------|---------------|--------------------|----------------------------|----------------|----------------|
| | NEW | ESTABLISHED | | NEW | ESTABLISHED |
| Focused | 99201 (\$60) | 99211 (\$50 Nurse) | Infant <1 year | 99381+ (\$110) | 99391+ (\$90) |
| Expanded | 99202 (\$70) | 99212 (\$60) | Toddler 1-4 | 99382+ (\$120) | 99392+ (\$100) |
| Detailed | 99203 (\$110) | 99213 (\$80) | Child 5-11 | 99383+ (\$120) | 99393+ (\$100) |
| Complete | 99204 (\$150) | 99214 (\$110) | Adolescent 12-17 | 99384 (\$140) | 99394 (\$120) |
| Comprehensive | 99205 (\$190) | 99215 (\$170) | Adult 18-39 | 99385 (\$140) | 99395 (\$120) |
| | | | Adult 40-64 | 99386 (\$150) | 99396 (\$140) |

USE PAGES 2, 3, AND 4 FOR X-RAYS, PROCEDURES, AND OUTSIDE LAB.

| MATERNITY CARE-GYN | | FAMILY PLANNING | | |
|---|------------------------------------|--|--|---|
| Total OB Care is only billed after delivery. Routine OB Visit \$ Depends. Do not use for acute illness | 1. Depo Provera (J1055) (\$80) | 1. VFC Inj (90471) (\$13.50) | | Injection Fee (90772) (\$10) (used with J-Codes-intramuscular) |
| 1. Nonstress Test (59025) (\$100) | 2. IUD Placement (58300) (\$200) | 2. VFC Inj >1 (90472) (\$13.50) | | A. ALLERGY |
| GYN | 3. IUD (J7300) (\$400) Equipment | IMMUNIZATIONS | | 1. Benadryl 25-50mg (J1200) (\$20) |
| 1. Colpo no bx (59025) (\$200+OV) | 4. IUD Removal (58301) (\$100) | 1. Adult Td (90718) (\$30) | | B. ANTIBIOTICS |
| 2. Colpo w/bx (57454) (\$300+OV) | OFFICE LAB | 2. Influenza-VFC \$10 INJECTION FEE 06-35 Months (90657) (\$20) 3Yrs & Up (90658) (\$20) | | 1. Antibiotic Injection Fee (90772) (\$10) |
| 3. Colpo w/LEEP (57460) (\$600) | 1. Blood collection (36415) (\$10) | 3. DPaT (90700) (\$70) | | 2. Ampicillin 500mg (J0290) (\$20) |
| 4. Cryosurg Cervix (57511) (\$200+OV) | 2. Accucheck (82948) (\$10) | 4. HIB (90645) (\$50) | | 3. Bicillin LA 2.4m (J0580) (\$60) |
| 5. Endometrial bx (58100) (\$145+OV) | 3. CBC (85025) (\$30) | 5. Hepatitis A Vaccine (90634) (\$90) | | 4. Bicillin C-R 1.2m (J0540) (\$50) |
| ULTRASOUND | 4. Hgb A1C (83036) (\$25) | 6. Hep B (90744) (\$60; 20yrs.+ \$80) | | 5. Bicillin C-R 0.6m (J0560) (\$40) |
| 1. OB Complete With Photos (76811) (\$250) | 5. Gluc Tol 1hr (82950) (\$20) | 7. Polio (90713) (\$50) | | 6. Gentamicin (up to 120mg) (J1580) (\$20) |
| 2. OB Transvag (76817) (\$150) | 6. Gluc Tol 3hr (82951) (\$40) | 8. MMR (90707) (\$50) | | 7. Kefzol/Ancef per 500mg (J0690) (\$10) |
| 3. OB Limited (76815) (\$200) | 7. Pap smear (88164) (\$11) | 9. Pneumococcal (90732) (\$40) | | 8. Rocephin per 250mg (J0696) (\$25) |
| 4. GYN Transvaginal (76830) (\$200) | 8. Preg (urine) (81025) (\$30) | 10. PPD (86580) (\$20) | | 9. Rocephin per 500mg=(\$40) |
| 5. GYN Limited (76857)(\$100) | 9. Strep test (87880) (\$30) | 11. PPD (86580) (\$20) | | 10. Rocephin 1 gram=(\$60) |
| 6. Abdominal Limited (76705)(\$150) | 10. Urinalysis (81002) (\$20) | 12. Varicella (90716) (\$90) | | C. MISC. |
| ADDITIONAL CODES | 11. Wet prep (87220) (\$20) | MISCELLANEOUS | | 1. B12 (To 1,000 MCG) (J3420) (\$10) |
| | 12. Fecal Blood (82270) (\$10) | 1. Audiometry (screening) (92551) (\$30+OV) | | 2. Insulin (J1820) (\$20) up to 100 Units |
| | OUTSIDE LAB (List Them) | 2. Breathing Tx (94640*) (\$40+OV) | | 3. Vistaril 25/50 (J3410) (\$10) |
| | | 3. Catheterization, urine (51701) (\$40+OV) | | D. PAIN |
| IMAGING, OFFICE SURGERIES, ER PROCEDURES OR OTHER CHARGES—INSERT HERE OR USE THE PREPRINTED SHEETS ON THE BULLETIN BOARD | | 4. Circumcision (54150) (\$300) | | 1. Demerol 100mg (J2175) (\$25) |
| | | 5. Ear irrigation (69210) (\$50) | | 2. Toradol (J1885x2) 30mg (\$20) |
| | | 6. EKG (93000) (\$40+OV) | | 3. Toradol (J1885x4) 60mg (\$40) |
| | | 7. Foreign body | | E. STEROIDS |
| | | a. Eye Simple (65205*) (\$200) + OV | | 1. Depo Medrol (20mg) (J1020) (\$15) |
| | | b. Eye Cornea (65220*) (\$300) + OV | | 2. Depo Medrol (40mg) (J1030) (\$20) |
| | | 8. Peak Flow (94150) (\$40) | | 3. Depo Medrol (80mg) (J1040) (\$30) |
| | | 9. Toenail Removal (11750) (\$200) | | 4. Solumedrol (125mg) (\$10) |
| | | 10. Tympanometry (92567) (\$30) | | 5. Dexamethasone/Kenalog 4mg (\$20) |
| | | | | 6. Celestone-betamethasone 4mg (\$20) |

SEE BACK CIRCLE UP TO FOUR DIAGNOSES

| | ICD-9 # |
|----------|---------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

PREVIOUS BALANCE _____

TODAY'S CHARGES _____

TOTAL DUE _____ PAYMENT: _____

Cash _____ Check _____ Other _____

BALANCE DUE: _____

I accept responsibility for payment of charges for services rendered to me.

I authorize payment of medical insurance benefits to Dr. Martinez, Dr. Carson, Dr. Fields, Dr. Stuckey, Dr. Yibirin, Dr. Lyn-Boswell, Dr. Carter, Dr. Chui, Dr. Singh, and/or their group. I accept responsibility for any legal fees incurred in the collection of this account. I authorize the release of any medical information necessary to process this claim. I understand that Medicos is a teaching practice and that my care may be rendered by or under the supervision of a physician whose name may not appear on my bill.

Patient's Signature _____ Date _____

OTHER INSTRUCTIONS/CONSULTATIONS _____ Physician's Signature: _____

Return Visit _____ Days _____ Weeks _____ Months for _____ 15 _____ 30
 _____ 45 _____ 60 minutes with Dr. _____ for
 _____ problem.