

**Medicos para la Familia**  
**Concepcion Martinez M.D.**  
**Rickey Carson M.D.**  
**Kim Stuckey M.D.**  
**Julien Fields M.D.**  
**Carla Lyn-Boswell M.D.**  
**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) Injection Fee (\$10)	1. VFC Inj (90471) (\$13.50) 2. VFC Inj >1 (90472) (\$13.50)	Injection Fee (90772) (\$10) (used with J-Codes-intramuscular)
1. Nonstress Test (59025) (\$100)	2. IUD Placement (58300) (\$200)	<b>IMMUNIZATIONS</b> 1. Adult Td (90718) (\$30) 2. Influenza-VFC \$10 INJECTION FEE 06-35 Months (90657) (\$20) 3Yrs & Up (90658) (\$20) 3. DPaT (90700) (\$70) 4. HIB (90645) (\$50) 5. Hepatitis A Vaccine (90634) (\$90) 6. Hep B (90744) (\$60; 20yrs.+ \$80) 7. Polio (90713) (\$50) 8. MMR (90707) (\$50) 9. Pneumococcal (90732) (\$40) 10. PPD (86580) (\$20) 11. Prevnar (90669) (\$30) 12. Varicella (90716) (\$90)	<b>A. ALLERGY</b> 1. Benadryl 25-50mg (J1200) (\$20)
<b>GYN</b>	3. IUD (J7300) (\$400) Equipment		<b>B. ANTIBIOTICS</b> 1. Antibiotic Injection Fee (90772) (\$10) 2. Ampicillin 500mg (J0290) (\$20) 3. Bicillin LA 2.4m (J0580) (\$60) 4. Bicillin C-R 1.2m (J0540) (\$50) 5. Bicillin C-R 0.6m (J0560) (\$40) 6. Gentamicin (up to 120mg) (J1580) (\$20) 7. Kefzol/Ancef per 500mg (J0690) (\$10) 8. Rocephin per 250mg (J0696) (\$25) 9. Rocephin per 500mg=( \$40) 10. Rocephin 1 gram=( \$60)
1. Colpo no bx (59025) (\$200+OV)	4. IUD Removal (58301) (\$100)		<b>C. MISC.</b> 1. B12 (To 1,000 MCG) (J3420) (\$10) 2. Insulin (J1820) (\$20) up to 100 Units 3. Vistaril 25/50 (J3410) (\$10)
2. Colpo w/bx (57454) (\$300+OV)	<b>OFFICE LAB</b>		<b>D. PAIN</b> 1. Demerol 100mg (J2175) (\$25) 2. Toradol (J1885x2) 30mg (\$20) 3. Toradol (J1885x4) 60mg (\$40)
3. Colpo w/LEEP (57460) (\$600)	1. Blood collection (36415) (\$10)		<b>E. STEROIDS</b> 1. Depo Medrol (20mg) (J1020) (\$15) 2. Depo Medrol (40mg) (J1030) (\$20) 3. Depo Medrol (80mg) (J1040) (\$30) 4. Solumedrol (125mg) (\$10) 5. Dexamethasone/Kenalog 4mg (\$20) 6. Celestone-betamethasone 4mg (\$20)
4. Cryosurg Cervix (57511) (\$200+OV)	2. Accuchek (82948) (\$10)		
5. Endometrial bx (58100) (\$145+OV)	3. CBC (85025) (\$30)		
<b>ULTRASOUND</b>	4. Hgb A1C (83036) (\$25)		
1. OB Complete With Photos (76811) (\$250)	5. Gluc Tol 1hr (82950) (\$20)		
2. OB Transvag (76817) (\$150)	6. Gluc Tol 3hr (82951) (\$40)		
3. OB Limited (76815) (\$200)	7. Pap smear (88164) (\$11)		
4. GYN Transvaginal (76830) (\$200)	8. Preg (urine) (81025) (\$30)		
5. GYN Limited (76857)(\$100)	9. Strep test (87880) (\$30)		
6. Abdominal Limited (76705)(\$150)	10. Urinalysis (81002) (\$20)		
<b>ADDITIONAL CODES</b>	11. Wet prep (87220) (\$20)		
	12. Fecal Blood (82270) (\$10)		
	<b>OUTSIDE LAB (List Them)</b>		
<b>IMAGING, OFFICE SURGERIES, ER PROCEDURES OR OTHER CHARGES—INSERT HERE OR USE THE PREPRINTED SHEETS ON THE BULLETIN BOARD</b>			
<b>SEE BACK CIRCLE UP TO FOUR DIAGNOSES</b>			
<b>DIAGNOSES</b>	<b>ICD-9 #</b>		
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.