

Company Name: _____

Outpatient Encounter Form

Patient Information		Payment Method		Visit Information	
Patient ID number		Primary		Visit date	
Patient name		Primary ID number		Visit number	
Address		Primary group number		Rendering physician	
City/State		Secondary		Referring physician	
Social Security number		Secondary ID number		Reason for visit	
Phone number		Secondary group no.			
Date of birth		Cash/credit card			
Age		Other billing			

E/M Modifiers	Procedure Modifiers	Other Modifiers
24 — Unrelated E/M service during postop.	22 — Unusual, excessive procedure	
25 — Significant, separately identifiable E/M	50 — Bilateral procedure	
57 — Decision for surgery	51 — Multiple surgical procedures in same day	
	52 — Reduced/incomplete procedure	
	55 — Postop. management only	
	59 — Distinct multiple procedures	

CATEGORY	CODE	MOD	FEE	CATEGORY	CODE	MOD	FEE
Office Visit — New Patient				Wound Care			
Minimal office visit	99201			Debride partial thick burn	11040		
20 minutes	99202			Debride full thickness burn	11041		
30 minutes	99203			Debride wound, not a burn	11000		
45 minutes	99204			Unna boot application	29580		
60 minutes	99205			Unna boot removal	29700		
Other				Other			
Office Visit — Established				Supplies			
Minimal office visit	99211			Ace bandage, 2"	A6448		
10 minutes	99212			Ace bandage, 3"-4"	A6449		
15 minutes	99213			Ace bandage, 6"	A6450		
25 minutes	99214			Cast, fiberglass	A4590		
40 minutes	99215			Coban wrap	A6454		
Other				Foley catheter	A4338		
General Procedures				Immobilizer	L3670		
Anascopy	46600			Kerlix roll	A6220		
Audiometry	92551			Oxygen mask/cannula	A4620		
Breast aspiration	19000			Sleeve, elbow	E0191		
Cerumen removal	69210			Sling	A4565		
Circumcision	54150			Splint, ready-made	A4570		
DDST	96110			Splint, wrist	S8451		
Flex sigmoidoscopy	45330			Sterile packing	A6407		
Flex sig. w/ biopsy	45331			Surgical tray	A4550		
Foreign body removal—foot	28190			Other			
Nail removal	11730			OB Care			
Nail removal/phenol	11750			Routine OB care	59400		
Trigger point injection	20552			OB call	59422		
Tympanometry	92567			Ante partum 4–6 visits	59425		
Visual acuity	99173			Ante partum 7 or more visits	59426		
Other				Other			

Vitals:

B/P _____
Pulse _____
Temp. _____
Height _____
Weight _____

Other Visit Information:

Lab Work to Order: _____
Referral to: _____
Provider Signature: _____
Next Appointment: _____

Fees:

Total Charges: \$ _____
Copay Received: \$ _____
Other Payment: \$ _____
Total Due: \$ _____

Company Name: _____

Address: _____

Phone: _____