**Outpatient Encounter Form**

your logo here

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: Other Visit Information: Fees:

B/P Lab Work to Order: Total Charges: $

Pulse Referral to: Copay Received: $

Temp. Provider Signature: Other Payment: $

Height Next Appointment: Total Due: $

Weight