

Medicos para la Familia
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 Memphis, TN 38128

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 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 Work-In

Time Registered _____ **Time in Room** _____ **Time at Cashier** _____

PLEASE CIRCLE CODES ON BACK OF SHEET

OFFICE VISITS (circle all that apply)

Evaluation/Management			Well Child Care/Preventive		
	NEW	ESTABLISHED		NEW	ESTABLISHED
Focused	99201 (\$50)	99211 (\$40 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	INJECTIONS	
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) (\$10)	11. Toenail Removal (11750) (\$200)
1. Nonstress Test (59025) (\$100)	2. IUD Placement (58300) (\$200)	2. VFC Inj >1 (90472) (\$10)	12. Tympanometry (92567) (\$30).
GYN	3. IUD (J7300) (\$400) Equipment	3. Injection Fee (90772) (\$10) (used with J-Codes-intramuscular)	A. ALLERGY
1. Colpo no bx (57452) (\$200+OV)	4. IUD Removal (58301) (\$100)	IMMUNIZATIONS	1. Benadryl 25-50mg (J1200) (\$20)
2. Colpo w/bx (57454) (\$300+OV)	OFFICE LAB	1. Adult Td (90718) (\$30)	B. ANTIBIOTICS
3. Colpo w/LEEP (57460) (\$600)	1. Blood collection (36415) (\$10)	2. Influenza-No Injection Fee 06-35 Months (90657) (\$10)	1. Antibiotic Injection Fee (90772) (\$10)
4. Cryosurg Cervix (57511) (\$200+OV)	2. Accucheck (82948) (\$20)	3Yrs & Up (90658) (\$10)	2. Ampicillin 500mg (J0290) (\$20)
5. Endometrial bx (58100) (\$145+OV)	3. CBC (85025) (\$20)	4. DPAT (90700) (\$70)	3. Bicillin LA 2.4m (J0580) (\$60)
ULTRASOUND	4. Hgb A1C (83036) (\$15)	5. Hepatitis A Vaccine (90634) (\$90)	4. Bicillin C-R 1.2m (J0540) (\$30)
1. Complete OB UltraSound With Photos (76811) (\$200)	5. Mono Spot Test (86403) (\$25)	6. Hep B (90744) \$60; 20yrs.+ \$80	5. Bicillin C-R 0.6m (J0560) (\$20)
2. Quicklook (76705) (\$150)	6. Pap smear (88164) (\$30)	7. Polio (90713) (\$50)	6. Claforan 1gm (J0698) (\$30)
3. OB Transvag (76817) (\$150)	7. Preg (urine) (81025) (\$30)	8. MMR (90707) (\$60)	7. Gentamicin (up to 120mg) (J1580) (\$20)
4. Limited OB US (76815) (\$150)	8. Strep test (87880) (\$30)	9. Pneumococcal (90732) (\$40)	8. Kefzol/Ancef per 500mg (J0690) (\$10)
5. Transvaginal US (76830) (\$200)	9. Urinalysis (81002) (\$20)	10. PPD (86580) (\$20)	9. Lincocin HCL 600mg/2ml (J2010) (\$20)
6. Limited Abdominal (76705)(\$150)	11. Wet prep (87220) (\$20)	11. Pprevnar (90669) (\$30)	10. Rocephin per 250mg (J0696) (\$25)
7. Limited GYN (76857)(\$100)	12. Fecal Blood (82270) (\$10)	12. Varicella (90716) (\$90)	11. Rocephin 500mg=(\$40)
SUPPLIES (99070) Name Them	OUTSIDE LAB (List Them)	MISCELLANEOUS	12. Rocephin 1 gram=(\$60)
		1. Audiometry (screening) (92551) (\$30+OV)	C. MISC.
IF X-RAYS OR OTHER CHARGES, INSERT HERE		2. Breathing Tx (94640*) (\$40 + OV)	1. B12 (To 1,000 MCG) (J3420) (\$10)
For X-Rays, Endoscopies, Skin Surgeries, and Outside Lab—Use Separate Sheet if you want.		3. Catheterization, urine (51701) (\$40+OV)	2. Insulin (J1820) (\$20) up to 100 Units
SEE BACK CIRCLE UP TO FOUR DIAGNOSES DIAGNOSES ICD-9 #		4. Circumcision (54150) (\$200)	3. Vistaril 25/50 (J3410) (\$10)
1. _____		5. Ear irrigation (69210) (\$50)	D. PAIN
2. _____		6. EKG (93000) (\$40 + OV)	1. Demerol 100mg (J2175) (\$25)
3. _____		7. Foreign body	2. Toradol (J1885x2) 30mg (\$20)
4. _____		a. Eye Simple (65205*) (\$200) + OV	3. Toradol (J1885x4) 60mg (\$40)
		b. Eye Cornea (65220*) (\$300) + OV	E. STEROIDS
		8. Peak Flow (94150) (\$40)	1. Depo Medrol (20mg) (J1020) (\$15)
		9. Spirometry (94010) (\$60 + OV)	2. Depo Medrol(40mg) (J1030) (\$20)
		10. Spirometry w bronchodilation (94060) (\$110 + OV)	3. Depo Medrol (80mg) (J1040) (\$30)
			4. Solumedrol (125mg) (\$10)
			5. Dexamethasone/Kenalog 4mg (\$20)

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

PREVIOUS BALANCE _____
 TODAY'S CHARGES _____
 TOTAL DUE _____ PAYMENT: _____
 Cash _____ Check _____ Other _____
 BALANCE DUE: _____

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

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

I authorize payment of medical insurance benefits to Dr. Martinez/Clifford, Dr. Carson, Dr. Hardison, Dr. Hernandez, 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: _____

Updated 02/21/06