

CABIN CREEK HEALTH CENTER

P.O. BOX 70
DAWES, WV 25054
(304) 595-5666

TAX ID 550709223



PEDIATRIC ENCOUNTER FORM

RIVERSIDE HEALTH CENTER

#1 WARRIOR WAY, STE. 103
BELLE, WV 25015
(304) 949-3591

NAME AND ADDRESS	DATE	RESPONSIBLE PARTY	INSURANCE
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WELL CHILD VISIT / PHYSICALS		PROVIDER	ACCT. NO.	E / M VISITS					VACCINES GIVEN				
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< 1 Year	New	Est.	N	TX	R	MOD
Exam	99381	99391				
Developmental	99178	99178				
1-2 Years						
Exam	99382	99392				
Developmental	99178	99178				
3 Years						
Exam	99382	99392				
Developmental	99178	99178				
Vision	W0001	W0001				
4 Years						
Exam	99382	99392				
Developmental	99178	99178				
Vision	W0001	W0001				
Hearing	92552	92552				
5-11 Years						
Exam	99383	99393				
Developmental	99178	99178				
Vision	W0001	W0001				
Hearing	92552	92552				
12-17 Years						
Exam	99384	99394				
Developmental	99178	99178				
Vision	W0001	W0001				
Hearing	92552	92552				
18-20 Years						
Exam	99385	99395				
Developmental	99178	99178				
Vision	W0001	W0001				
Hearing	92552	92552				

NEW 9920	1	2	3	4	5
EST 9921	1	2	3	4	5
SPORT PHY					
SCHOOL PHY					
PROCEDURES					
Tymnometry					92567
Burn Dressing/change					16020
Cerumen Removal					69210
Catheterization					63670
Injection of Drug					90782
Subq/1M					
Dose					
Histofreeze (1)					17000
Histofreeze (2-14)					17003
Other					
SUPPLIES					
A4460					Ace Bandages
L0120					Cervical Collar
E0112					Crutches
A4320					Ear/Eye Tray
90780					IV Set-Up (M&F)
94799					Oxygen Set-Up
A4550					Suture Tray

DtaP	1	2	3	4	5	90700
DT						90702
Td	1					90718
IPV	1	2				90713
IPV	3	4				90712
HIB	1	2	3	4		90645
MMR	1	2				90707
HEP B-18	1	2	3			90744
Varicella	1	2				90716
Influenza						90659
Prevnar						90669
PPD						86580
Pneumococcal						
Other						

TODAY'S CHARGES

TODAY'S PAYMENT

CHECK MONEY

DIAGNOSIS			
Abd. Pain	789.00	Irregular Menses	626.4
Abnormal Pap Smear Cervical	795.00	Lice	132.0
Acne	706.1	Lymphadenopathy	785.6
ADD	314.00	Milk/Formula Intolerance	579.8
ADHD	314.01	Musclestrain _____ location 84	
Allergic Rhinitis	477.0	NOS/drug Abuse Dep.	304.90
Anemia	285.9	Obesity	278.00
Asthma	493.90	Otitis Externa, Acute	380.10
Behavior Disorders	312.9	Otitis Media, Acute	381.01
Bronchiolitis	466.1	Otitis Media w/effusion	381.04
Bronchitis, Acute	466.0	Pharyngitis, Acute	462
Cervicitis	616.0	Pneumonia	486
Child Abuse	995.50	Poor Weight Gain	646.8
Conjunctivitis	372.30	Psychomotor Delay	783.4
Constipation	564.0	Rash, Nonspec	782.1
Croup	464.4	Scabies	1330
Dehydration	276.5	Seizure	780.39
Depression	311	Sinusitis, Acute	461.0
Dermatitis, Contact	692.9	Sinusitis, Chronic	473.0
Diaper Rash	691.0	Speech Problems	V40.1
Diarrhea	787.91	Sports Physical	V70.3
DUB	626.8	Strep. Pharyngitis	034.0
Dysmenorrhea	625.3	Thrush, Oral	112.0
Encopresis	787.6	Tobacco Dep. and Use	305.1
Enuresis	788.30	UTI	465.9
Epistaxis	784.7	UTI	599.0
Failure to Thrive	783.41	Vaginitis NOS	616.10
Fatigue	780.79	Verrucae Vulgaris	078.10
Feeding Prob. Infant	783.3	Viral Syndrome	079.99
Fever	780.6	Visual Defect	386.40
Gastroenteritis, Viral	808.8	Vomiting	787.03
Headache	784.0	Weight Gain	783.1
Hearing Defect	389.9	Weight Loss	783.21
Heart Murmur	785.2	Wheezing	786.07
Hyperbilirubinemia	782.4	Well Child Exam	V20.2
Hypertension	401.0	Other	
Hypertension Newborn	760.0		
Impetigo	684		
Ingrown Nail, Infected	703.0		

LAB			
CULTURES			
Throat	87060	Hemoglobin Electrophoresis	83020
NP Swab (Viral) pending varies by source		Bilirubin (neonatal)	82247
Urine C & S	87086	T4 (neonatal)	84437
Stool O & P	87015-87211	Free T4	84439
Stool	87045-87081X2	URINE	
Blood	87040	UA, Complete	81001
GC/Chlamydia uriprobe	87591-87491	Urine HCF	81025
NP	87070	MISC.	
		HGB/HCT	85018-85014
		LEAD 12 & 24 mos	83655
		Strep Screen	87430
		CBC	85024
		CBC w/manual diff	85031
		Hgb A1C	83036
		beta-HCG (serum quant.)	84702
		Kolt Wet Prep	87210
		Newborn Screen	
		Pap Smear	88150
		Retic Count	85044
		RPR	86592
		Sed Rate	85651
		Mono Spot	86308
		Other	
CHEMISTRY			
Glucose (fingerstick)	82948		
Basic Metabolic Panel	80048		
CPK	82550		
Lipid Profile	80061		
Glucose, Serum	82947		
LDH	83615		
Electrolyte Panel	80051		
Inorganic Phosphorous	84100		
Bilirubin, direct	82248		
Amylase	82150		
TSH	84443		
Thyroid Profile	84443-84436-84479		
Hepatic Function	80058		
Hepatitis Profile (acute)	80074		

Instructions/Referrals: _____

Next Appt. _____

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM: Patient's or authorized person's signature: I authorize the provider to issue treatment today and the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

DATE _____

SIGNED _____

RESIDENT/PA/FNP-C _____

ATTENDING PHYSICIAN _____

CABIN CREEK HEALTH CENTER
P.O. BOX 70
DAWES, WV 25054
(304) 595-5006

CLENDENIN HEALTH CENTER
301 ELK RIVER ROAD S.
CLENDENIN, WV 25045
(304) 548-7272



SISSONVILLE HEALTH CENTER
7133 SISSONVILLE DRIVE
SISSONVILLE, WV 25320
(304) 984-1576

RIVERSIDE HEALTH CENTER
#1 WARRIOR WAY, STE. 103
BELLE, WV 25015
(304) 949-3591

NAME AND ADDRESS	DATE	RESPONSIBLE PARTY	INSURANCE
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E & M SERVICES		PROVIDER	ACCT. NO.	INJECTIONS		SUPPLIES	
DESCRIPTION	CODE	LEVEL	CPT				
Office Visit - New	9920	1 2 3 4 5	95115	Allergy X 1	_____	A4460	Ace Bandage
Office Visit - Est	9921	1 2 3 4 5	95117	Allergy X 2	_____	L0120	Cervical Collar
Office Consult	9924	1 2 3 4 5	J3420	B 12	_____	E0112	Crutches
Well Child - New	9938	1 2 3 4 5 6 7	J0810	Cortisone	_____	A4320	Ear/Eye Tray
Well Child - Est	9939	1 2 3 4 5 6 7	_____	_____	_____	90780	IV Set-Up (M&F)
Prenatal INT FU Post-P	_____	_____	_____	_____	_____	94799	Oxygen Set-Up
Other Exams:	DOT / Sports / Employ / School	_____	_____	_____	_____	A4550	Suture Tray

PROCEDURES		IMMUNIZATIONS	
92551	Audiometry	90718	dT (Adult)
92567	Tympanometry	90702	DPT
11100	Biopsy - Punch/Skin 1	90720	DPT/Hib
99420	Diabetic Teaching	90744	Hep B P-18
90070	Dressing	90746	Hep B Adult
69210	Ear Irrigation	90645	Hib
93000	EKG	90658	Influenza
94664	Nebulizer Ther.	90707	MMR
94370	Peak Flow Test	90732	Pneumococcal
12001	Sutures to 2.5 cm Loc:	_____	_____
17000	Destruction - 1 lesion	_____	_____
10060	I & D Simple	_____	_____
Debridement	Burn - Removal - Clean	_____	_____

TODAY'S CHARGES

TODAY'S PAYMENT

CHECK MONEY

<input type="checkbox"/> CBC WITH Diff	<input type="checkbox"/> 780.79 Mal. & Fat.	<input type="checkbox"/> 780.6 Fever	<input type="checkbox"/> 585.9 Chronic Renal Failure	<input type="checkbox"/> 578.9 GI Bleed	<input type="checkbox"/> Other
<input type="checkbox"/> Hemoglobin A1C	<input type="checkbox"/> 250.00 Type 2 DM Stable	<input type="checkbox"/> 250.01 Type 1 DM Stable	<input type="checkbox"/> 250.9 Type DM Unspec. Complication	<input type="checkbox"/> 790.21 Abnormal GTT	<input type="checkbox"/> Other
<input type="checkbox"/> Comprehensive Met Profile (Na, K, Cl, Ct., BUN, Glu, AST, Alb, T.Pr., T. Bil, Ca, Alk)	<input type="checkbox"/> 585.9 CRF	<input type="checkbox"/> 571.40 Chronic Hepatitis	<input type="checkbox"/> 263.9 Malnutrition	<input type="checkbox"/> V58.69 Monitoring Drug Effects	<input type="checkbox"/> Other
<input type="checkbox"/> Basic Metabolic Panel (K+, Na, Cl CO2, Glue., BUN, Cr)	<input type="checkbox"/> 401.1 HTN	<input type="checkbox"/> 250.0 Type 2 DM	<input type="checkbox"/> 585.9 CRF	<input type="checkbox"/> 428.0 CHF	<input type="checkbox"/> Other
<input type="checkbox"/> Lipid Panel (T. Chol, HDL Chol, Trigi.)	<input type="checkbox"/> 429.2 Unsp. Cardiovas Dis.	<input type="checkbox"/> 272.4 Unsp. Hyperlip Idemia	<input type="checkbox"/> 250.0 Type 2 DM	<input type="checkbox"/> 250.01 Type 1 DM Stable	<input type="checkbox"/> Other
<input type="checkbox"/> Hepatic Panel (Alb, AST, ALT, ALK Phos, Bil)	<input type="checkbox"/> 571.40 Chronic Hepatitis	<input type="checkbox"/> V58.69 Monitor Drug Eff.	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> TSH	<input type="checkbox"/> 783.1 Abn Weight Gain	<input type="checkbox"/> 780.79 Mal. & Fatigue	<input type="checkbox"/> V58.69 Monitor Drug Eff.	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> ALT	<input type="checkbox"/> Hyplori	<input type="checkbox"/> PSA	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> AST	<input type="checkbox"/> KOH	<input type="checkbox"/> Strep screen	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Creatine	<input type="checkbox"/> Mircoalb.	<input type="checkbox"/> U/A complete	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> ESR	<input type="checkbox"/> PAP	<input type="checkbox"/> U/A DIP	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Hemocult x3	<input type="checkbox"/> Protime/INR	<input type="checkbox"/> Urine Preg.	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

ICD	DIAGNOSIS	ICD	DIAGNOSIS
789.00	Abdominal Pain - Unspec.	784.0	Headache
477.0	Allergic Rhinitis	599.7	Hematuria
626.0	Amenorrhea	272.0	Hypercholesterolemia
280.1	Anemia, def iron intake	272.4	Hyperlipidemia, mixed
281.0	Anemia, Pernicious	401.1	Hypertension Benign
493.10	Asthma, Intrinsic	401.0	Hypertension Maglig
493.00	Asthma, Extrinsic	487.1	Influenza
314.00	ADD	626.4	Ireg. Bleeding NOS
314.01	ADHD	564.1	Irritable Bowel Syndrome
427.31	Atrial Fib.	627.2	Menopause
724.2	Back Pain, Low	84.-	Muscle Sprain
616.10	Bacterial Vaginitis		_____ Site
500	Black Lung	787.01	Nausea w/ vomiting
600.00	BPH	715.9	Osteoarthritis/DJD
466.0	Bronchitis, Acute		_____ Site
491.1	Bronchitis, Chronic	733.00	Osteoporosis
112.1	Candida Vaginitis	380.10	Otitis Externa, Acute
354.0	Carpal Tunnel Syn	381.01	Otitis Media, Acute
380.4	Cerumen Impaction	V15.89	PAP-High Risk MC
847.0	Cervical Strain	V76.2	PAP Screen - MC
786.50	Chest Pain - Unspec.	V72.31	PAP-Routine Annual
428.0	CHF	462	Pharyngitis, Acute
372.30	Conjunctivitis, Acute	486	Pneumonia
564.00	Constipation	V22.0	1st Pregnancy Supervision
491.21	COPD / Exac., Acute	V22.1	Pregnancy Other Normal
414.01	Coronary Disease	V76.44	Prostate Cancer Screen
250.00	Diabetes Type II, Stable	714.0	Rheumatoid Arthritis
250.02	Diabetes Type II, Uncontrol.	706.2	Sebaceous Cyst
250.01	Diabetes Type I, Stable	461.0	Sinusitis, Acute
250.03	Diabetes Type I, Uncontrol.	473.0	Sinusitis, Chronic
787.91	Diarrhea	034.0	Streptococcal
780.4	Dizziness	780.2	Syncope
625.3	Dysmenorrhea	465.9	URI
536.8	Dyspepsia	599.0	UTI
782.3	Edema		OTHER DIAGNOSIS
780.79	Fatigue		_____
008.8	Gastroenteritis, Viral		_____
530.81	GERD		_____
790.21	Glucose Intolerance		_____

TEST TO BE ORDERED

CT	ECHO
Colonoscopy	EMG
Coloposy	MRI
EKG	PFT
EGD	U/S

INSTRUCTIONS

NEXT APPT: NO F/U

F/U _____ D _____ W _____ MO

RECALL _____ FOR _____

WITH PROVIDER _____

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM: PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the provider to issue treatment today and the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below:

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RESIDENT/PA/FNP-C _____ ATTENDING PHYSICIAN _____