

NAME OF PATIENT

PATIENT I.D. #

CHART #

RESPONSIBLE PARTY NAME

BIRTH DATE

ADDRESS

TELEPHONE

CITY STATE ZIP

NEXT APPOINTMENT \_\_\_\_\_ DAYS \_\_\_\_\_ WKS \_\_\_\_\_ MOS

ASSIGNMENT AND RELEASE: I authorize and request that payments under my insurance programs be made directly to the above provider for any services furnished to me. I also authorize the provider to release any information needed for payment of claims. I further permit copies of this authorization to be used in place of the original.

Signed \_\_\_\_\_ Date \_\_\_\_\_ PATIENT or RESPONSIBLE PARTY

PHYSICIAN'S SIGNATURE

PROCEDURES CPT-4

Table with columns for OFFICE, NEW, EST, FEE, and various procedure codes like Minimal, Brief, Limited, etc.

LABORATORY

OTHER PROCEDURES

IMMUNIZATION/INJ/SKIN TEST

Table with columns for HEALTH EXAM, NEW, EST, and immunization codes like DPT, OPV, MMR, etc.

PROCEDURES

Table with columns for various procedure codes like Cerumen Removal, Anoscopy, Colonoscopy, etc.

Table for financial summary: Previous Balance, Today's Charges, Payment, Balance, and payment options (CC, Cash, Ck #).

DIAGNOSIS ICD-9-CM

Large table listing various medical conditions and their ICD-9-CM codes, categorized by system like ACCIDENT, GASTROINTESTINAL, GYNECOLOGY, etc.