

Date _____

Preferred Name: **Dr. Butts**

Pronoun: _____

Exam Type: _____

Established With:

- ☐ Dr. Dovie
☐ Dr. Mitchell
☐ Dr. Hempelmann
☐ Dr. Melchione
☐ Other _____

Patient: **Seymore A Butts II**DOB: **01/01/1800**Age: **222**ID: **17002**

Today's Appointment With: _____

Medical

Vision

VT Athletics ☐Self Pay ☐

Procedures	CPT	Fee	Med Allow
New Ophth Int	M 92002	140	84.95
New Ophth Int	V 92002	140	84.95
New Ophth Comp	M 92004	225	151.65
New Ophth Comp	V 92004	225	151.65
Est Ophth Int	M 92012	135	89.22
Est Ophth Int	V 92012	135	89.22
Est Ophth Comp	M 92014	185	127.22
Est Ophth Comp	V 92014	185	127.22
Refraction	92015	65	xx
New Wellness – Self Pay	S0620	179	Due Today
Est Wellness – Self Pay	S0621	165	Due Today
New Med OV Level	9920	Varies	Varies
Est Med OV Level	9921	Varies	Varies
Sensorimotor Exam	92060	89	xx
Neurobehavioral Status Ex	96116	175	xx
Neuro. Status Ex- add'l hr	96121	100	xx
InfantSEE		NC	NC
Cataract Post Op	66984-55	Varies	Varies
LASIK Consultation		260	Due Today
LASIK / PRK Post Op	S0800	Varies	xx
OCT/Optomap Screening	92250-S	54	Due Today
Optomap Screening (peds)		NC	NC

Previous
CL RxiCare IOP
Reading:

OD: OS:

Blood
Pressure

HR: _____

Follow Ups:

WITH DOCTOR
☐ Brief 15 Min
☐ Brief 30 min

NON DOC
☐ CL Check
☐ _____

Doctor Notes
☐ Referral (make appt then put chart on Doctor's desk):

☐ Pt OK to call back about CL CL Disp: _____ CL Order: _____

Procedures	CPT	Fee	Med Allow
Fundus Photos	92250	98	45.47
External Ocular Photo	92285	35	22.13
Visual Field	92083	119	63.74
Gonioscopy	92020	45	27.97
Pachymetry	76514	30	12.14
Epilation (Trichiasis)	67820	64	26.85
OCT Anterior Segment	92132	55	31.85
OCT Optic Nerve	92133	65	37.61
OCT Retina	92134	75	41.20
FB Conj Superficial	65205	190	37.99
FB Conj Embedded	65210	200	46.58
FB Cornea	65222	225	69.11
Lacrimal Closure / Plug	68761	209	150.33
Corneal Debridement	65435	128	83.34
Corneal Topography	92025	57	37.23
Therapeutic / Bandage CL	92071	65	38.02
Therapeutic Lens Supply	V2599	15	xx
Mibo Unilateral **		50	Due Today
Mibo Bilateral **		150	Due Today
LidPro Debridement **		69	Due Today
iLux **		499	Due Today

Contact Lens Fees (including standard f/u)

SOFT	N	E	RGP/Sccleral	N	E
Soft Sphere	140	75	RGP Sphere (&mono)	175	90
Soft Toric (& mono)	175	90	RGP Multifocal	230	140
Soft Multifocal	190	115	Sccleral Contact Lens	800	400
Soft Toric Multifocal	225	130	CRT	1695	495
Performance CL	30	30			

Training: Soft: 75 RGP/CRT: 100 Sccleral: 125
 Reassessment Fee: Refraction + Contact Lens Fitting Fee Est

Payment

Collect Balance on Account: _____

Bill as: ☐ New ☐ Est
☐ C.O.B (lesser of copay, refraction gets billed or n/c)

☐ OON Vision Charge Refraction

Vision Copay _____

Med. Copay _____

Coinsurance _____

Deductible: ☐ Met / ☐ Left

Benefits: CL Fit: _____ CL Supply: _____

Material Auth # _____

Notes:

Chart Routing to Doctor

- ☐ Bin outside door
☐ On Desk

☐ Chart Complete

Check In	Finish PW	Tech Start	Tech End	Doc In