

SUSSEX CARDIOLOGY ASSOCIATES

TODAY'S CHARGES

PAYMENT: CHECK

CASH

☐ VISA ☐ AMEX
☐ MASTERCARD

INSURANCE BALANCE	CURRENT	31 - 60 DAYS	61 - 90 DAYS	91 - 120 DAYS	OVER 120 DAYS	PATIENT BALANCE DUE

NEW PATIENTS		ESTABLISHED PATIENTS		CONSULTATIONS	
<input type="checkbox"/> 99203	Level III	<input type="checkbox"/> 99211	Level I (RN VISIT / BP CHECK)	<input type="checkbox"/> 99243	Level III
<input type="checkbox"/> 99204	Level IV	<input type="checkbox"/> 99213	Level III	<input type="checkbox"/> 99244	Level IV
<input type="checkbox"/> 99205	Level V	<input type="checkbox"/> 99214	Level IV	<input type="checkbox"/> 99245	Level V
		<input type="checkbox"/> 99215	Level V		

☐ 93000 EKG ☐ 99345 PROLONGED SERVICE (needs ov or consult)

789.07 Abdominal Pain, generalized	496 COPD	426.2 Left bundle branch block	780.2 Syncope
794.31 Abnormal EKG	436 CVA/Stroke	410.9? MI, recent	783.1 Weight gain
411.1 Angina, Unstable	250.01 Diabetes, ID	412 MI, remote	783.2 Weight loss
424.1 Aortic stenosis/insufficiency	250.00 Diabetes, NID	346.00 Migraine, classical	435.9 TIA
414.00 ASHD/CAD	780.4 Dizziness/vertigo	394.00 Mitral stenosis	
427.31 Atrial Fibrillation	782.3 Edema	424.0 Mitral Insufficiency/MVP	OTHER: _____
427.32 Atrial flutter	780.7 Fatigue/malaise	429.0 Myocarditis, unspc	_____
785.9 Bruit	780.6 Fever, Unknown Origin	729.5 Pain in limb	_____
414.01 CAD of native coronary artery	785.2 Heart Murmur	785.1 Palpitations	_____
429.3 Cardiomegaly	272.0 Hypercholesterolemia	427.0 PAT	_____
425.4 Cardiomyopathy, congestive	401.1 Hypertension, controlled	786.09 Respiratory distress	_____
786.51 Chest Pain, precordial	401.0 Hypertension, uncontrolled	786.05 Shortness of Breath	_____
786.50 Chest Pain, unspc	402.11 Hypertensive heart disease w/CHF	427.81 Sick Sinus Syndrome	_____
440.21 Claudication Due to Atherosclerosis	402.10 Hypertensive heart disease w/o CHF	427.1 SVT	_____
428.00 Congestive Heart Failure	458.0 Hypotension, orthostatic/postural	729.81 Swelling of limb	_____

PROCEDURES			
<input type="checkbox"/> 93784 Ambulatory B.P. Monitor	<input type="checkbox"/> 71020 CHEST X-RAY	<input type="checkbox"/> 53 STRESS/ECHO	
<input type="checkbox"/> J3420 B-12 Injection	285.9 Anemia, unspc	<input type="checkbox"/> 93015 STRESS TEST	
<input type="checkbox"/> 90724 Flu Injection	413.9 Angina, unspc	789.06 Abdominal pain, epigastric	
<input type="checkbox"/> 93040 Rhythm Strip	414.00 ASHD/CAD	794.31 Abnormal EKG	
<input type="checkbox"/> 82270 Stool Guaiac	786.50 Chest pain	411.1 Angina, unstable	
	428.0 Congestive Heart Failure	424.1 Aortic stenosis/insufficiency	
<input type="checkbox"/> 93230 HOLTER MONITOR	496 COPD	414.00 ASHD/CAD	
427.31 Atrial fibrillation	786.2 Cough	427.31 Atrial fibrillation	
780.4 Vertigo/Dizziness	250.00 Diabetes, IDD	427.32 Atrial Flutter	
785.1 Palpitations	250.01 Diabetes, NID	429.3 Cardiomegaly	
427.1 SVT	780.6 Fever, unknown origin	786.50 Chest Pain, Unspc	
780.2 Syncope	401.1 Hypertension, controlled	428.0 Congestive Heart Failure	
427.41 Ventricular fibrillation	401.0 Hypertension, uncontrolled	426.2 Left bundle branch block	
427.42 Ventricular flutter	451.2 Hypoglycemia	424.0 Mitral insufficiency, MVP	
427.61 Ventricular premature beats	426.2 Left bundle branch block	410.92 MI, recent	
	162.9 Lung cancer	412 MI, remote	
	410.92 MI, recent	429.0 Myocarditis, unspc	
	412 MI, remote	729.5 Pain in limb	
	488 Pneumonia	772.81 Pre-op ONLY WITH	
	786.05 Shortness of breath	250.00 Diabetes, NIDD	
		250.01 Diabetes, IDD	
		440.9 Atherosclerosis, NOS	
		786.09 Shortness of breat	
		780.2 Syncope	

ASSIGNMENT AND RELEASE: I hereby authorize my insurance benefits to be paid directly to the physicians, and I am financially responsible for non-covered services. I also authorize the physicians to release any information required to process this claim.

PHYSICIAN'S
SIGNATURE _____

PATIENT'S
SIGNATURE _____

DATE _____