## Frederick E. Smith, D.O. 13000 North Smith Street, Suite 915 • Delray Beach, FL 36222

(561) 495-2286

NEW PATIENT	CP		INJECTION	<u> </u>		CPI	FE	_	PROCED		CPI	FEE
☐ Problem Focused	9920	01	_ □ B12			J3420			□ Biopsy of	of Skin	11100	
□ Exp. Problem Focused	9920	)2	☐ Triamcinol	one acetonic	le.				□ Excision	Skin Tags 1-15	11200	
□ Detailed	9920			Per 10 mg		J3301			☐ Aerosol	•	94640	
	0020		☐ Other			••••				scess, Simple	10060	
L												
ESTABLISHED PATIENT	CP.	T FEE	■□							pacted Cerumen	69210	
☐ Minimal	992		- □					I		Nail Plate, Simple	11730	
			OFFICE I A	BORATORY		CPT	FE	-	□ Trigger I	Points	20550	
☐ Problem Focused	9921			BORATORT				_	☐ Arthroce			
□ Exp. Problem Focused	9921		□ТВ			86530				/bursa/cyst	20600	
□ Detailed	9921	14	☐ Rapid Stre	ep e		87880				•	20000	
☐ Comprehensive	9921	15	☐ Stool Hem	occult		82270			☐ Arthroce		00005	
	002		☐ Urinalysis			81000				d jt/bursa/cyst	20605	
L						01000				ntesis, major	20610	
DIAGNOSTIC	CP <sup>-</sup>	T FEE	<b>=</b>						□ Dressino	gs and/or Debridem	ent 16020	
			┩└							tion benign les 1*	17000	
□ EKG	9300											
□ Spirometry	9401	10	REMOVAL	FOREIGN BO	ODY	CPT	FΕ	E		tion benign les 2-14	EA.17003	
☐ Spirometry w/ Bronch.	9406	30	☐ Simple Su	bcutaneous <sup>-</sup>	Tissue	10120						
☐ Tympanometry	9256		☐ Comp. Su			10121						
Tympanometry	3230	·			110000	65205						
L			_ □ Eye Surfa	ce		65205			EXCISIO	N BENIGN LESION	I CPT	FEE
IMMUNIZATIONS	CP <sup>-</sup>	T FEE	■□						☐ Location			
									Location	•		
□ Influenza	9065	59	-									
☐ Hepatitis B	9074	16	LACERATIO	N REPAIR		CPT	FE	Εl	Size:			
□ Pneumovax	9073	32	☐ Location:			120						
☐ Tetanus	9072		.   Location.			120						
			-					l	EXCISIO	N MALIG. LESION	CPT	FEE
☐ TD: Adult > 7 Yrs Old	9071	18	.								OI I	
			Size:						□ Location	:		
			•									
			.						Size:			
			Cimple/Intern	and/Campley								
			Simple/Intern	nea/Complex								
				DIAG	NOSIS							
D Ab de seis al Dais	700.07								0.40.0	Office Market		000.00
☐ Abdominal Pain:	789.07	☐ COPD:		491.21		erthyroidi			242.9	☐ Otitis Media:		382.00
□ ADD:	314.00	☐ Cough:		786.2	□ Hyp	ertriglyce	ridemi	a:	272.1	□ Palpitations:		785.1
☐ Allergic Reaction:	995.3	☐ Depression	on:	311	I□ Hvp	ogonadisi	m Fen	nale:	256.39	Pharyngitis:		462
☐ Allergic Rhinitis:	477.9	☐ Diabetes:		250.00	1	ogonadisi			257.2	□ PMS:		625.4
		1						О.				
☐ Alopecia:	704.00	☐ Diarrhea:		787.91		othyroidis			244.9	☐ Pneumonia:		486
☐ Amenorrhea:	626.0	☐ Dizziness	S:	780.4	∐ Imp	acted Cer	rumen	:	380.4	□ Prostatitis:		601.9
☐ Anemia:	285.9	☐ Dry Eyes	:	375.15	□ Imp	otence:			607.84	1 □ Reflux:		530.81
☐ Angina:	413	☐ Dyspnea:		786.09	□ Inse	ect Bite:			919.4	☐ Sexual Dysfunction	n: (Psycosexua	al) 302.70
☐ Anxiety:	300.02	□ Dysuria:		788.1	□ Insc				780.52		(. 0)0000/	461.9
,												
☐ Asthma:	493.0	□ Edema:		782.3		gular Men			626.4	□ SOB:		786.05
☐ Atherosclerotic HT DZ:	414.05	☐ Erectile □	Dysfunction:	302.72	□ Irrita	able Bowe	el Syno	drome	e: 564.1	☐ Strep Throat:		034.0
☐ Atherosclerotic Vase DZ:	440.9	☐ Fatique:		780.79	I□ Join	nt Pain:			719.40	☐ Syncope:		780.2
☐ Atopic Dermatitis:	691.8	☐ Fever:		788.6		ney Stone			592.0	☐ Thyroid Enlarg	ement.	240.9
		1					•				CITICITE.	
☐ Atrial Fibrilation:	427.31	☐ Gastritis:		535.5		kopenia:			288.0	□ URI:		465.9
☐ Back Pain:	724.5	☐ Gastroen	teritis:	558.9 530.81		er Dysfund			573.9	□ Urinary Tract In	nfection:	599.0
□ BPH:	600.00	☐ GERD:		□ Low	☐ Low Back Pain:			724.2	□ Vaginitis:		616.10	
☐ Bronchiolitis:		☐ Headach	Δ.	784.0		phadenor			785.6	☐ Viral Syndrom	۵.	079.99
		☐ Heart Mu							289.89	,		
☐ Bronchitis:	466.0			785.2		crocytosis					ancy.	269.2
☐ Bursitis:	727.3	☐ Hemoccu	ılt +:	792.1		nory Loss			780.93			078.1
☐ Chest Pain:	786.50	☐ Hematuri	a:	599.7	☐ Mer	nopausal:			627.2	□ Weight Gain:		783.1
☐ Congestive Heart Failure:	428.0	☐ Hepatitis	C Chronic:	070.54	I □ Mia	raine Hea	idache	es:	346.0	☐ Weight Loss:		783.21
☐ Conjunctivitis:	372.30	☐ Hernia:	0 00	563.9	□ Obe				278.0			. 00.2
						•				, I		
☐ Constipation:	564.0		lesterolemia:	272.0		eoporosis			733.00			
□ Contact Dermatitis:	692.9	☐ Hyperten	sion:	401.0	□ Otiti	is Externa	1:		380.10	)		
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Physician's statement: I certify that I pe	ersonally rend	dered the above s	services and that the	echarges shown	represent i	my usual cha	arges.	Retu	urn Visit	\$	<b> </b> \$	
						•	Ι΄.					
Signature and							_					
Professional Degree	). Date:	. Date:				Today's Charge	Payment					