| I    |   |  |             |         |  |      |                     |  |  |   |
|------|---|--|-------------|---------|--|------|---------------------|--|--|---|
|      | DATE FAMILY DESCRI  |  | DESCRIPTION | CHARGES | RGES PAYMENT ADJ. CURRENT CREDITS BALANCE            |      | PREVIOUS<br>BALANCE | NAME   |  |   |
| <br> | OFFICE VISIT NEW P ATIENT  99201 Problem Foc / Straight Forward 99202 Expanded / Straight Forward 99203 Detailed / Low 99204 Comprehensive / Moderate 99205 Comprehensive / High ESTABLISHED P ATIENT 99211 Minimal Visit 99212 Problem Foc / Straight Forward 99213 Expanded / Low 99213 Expanded / Low 99214 Detailed / Moderate 99215 Comprehensive / High IMMUNIZATIONS 90701 DTP 90702 DT 907042 Hyper Tetanus 90657 Influenza 90705 Measles |  |             | Ті      | Street, Suite 1 Tel: 812  ingococcal al  oid tal hal | ount |                     | Please present this slip to the rece  OFFICE P ROCEDURES  46600 Anoscopy/ Diagnostic  93000 EKG w/Interpretation  10060 Inc and drainage Abscess  10120 Inc & removal foreign body  94750 Pulmonary Function Test  66205 Removal FB external eye  65210 Remove FB conjun emb  69210 Remove imp cerumen ear (one or both)  12001 Repair Sut 2.5 CM or < 12002 Repair Sut 2.6 CM to 7.5  87220 Tissue exam KOH slide  17110 Wart destruction  92567 Tympanometry  94640 Inhalation treatment  94760 Oximetry/oxygen sat. |  | ptionist before leaving office  INJECTIONS  J 3420 Vitamin B-12 90782 Injection J 3301 Kenalog - 40 J0696 Rocephin J2550 Phenergan J0530 Bicillin C-R J0580 Bicillin L-A Specify: |