



**SOUTHWEST
URGENT
CARE & FAMILY
PRACTICE**

5900 Chimney Rock, Suite X
Houston, Texas 77081
Phone: 713-640-5754
Fax: 1-800-245-8979

OFFICE USE ONLY

CHART NUMBER

PATIENT BILLING STATEMENT																																																																																																																																																																	
PATIENT NAME	LAST NAME			FIRST			MIDDLE INITIAL																																																																																																																																																										
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<table border="0"><tr><td>99201</td><td>Focused/Straightforward</td><td>99211</td><td>Physician may not be present/Minimal</td><td>92002</td><td>Est. Ins</td></tr><tr><td>99202</td><td>Expanded/Low Complex</td><td>99212</td><td>Focused/Focused/Straightforward</td><td>92004</td><td>New Comp</td></tr><tr><td>99203</td><td>Detailed/Low Complex</td><td>99213</td><td>Expanded/Expanded/Low Complex</td><td>92012</td><td>Est - New</td></tr><tr><td>99204</td><td>Comp/Mod. Complex</td><td>99214</td><td>Detailed/Detailed/Moderate Complex</td><td>92014</td><td>Est - comp</td></tr><tr><td>99205</td><td>Comp/High Complex</td><td>99215</td><td>Compreh/Compreh/High Complex</td><td></td><td></td></tr></table>										99201	Focused/Straightforward	99211	Physician may not be present/Minimal	92002	Est. Ins	99202	Expanded/Low Complex	99212	Focused/Focused/Straightforward	92004	New Comp	99203	Detailed/Low Complex	99213	Expanded/Expanded/Low Complex	92012	Est - New	99204	Comp/Mod. Complex	99214	Detailed/Detailed/Moderate Complex	92014	Est - comp	99205	Comp/High Complex	99215	Compreh/Compreh/High Complex																																																																																																																												
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IMPORTANT:
Keep this form for tax purposes and any reimbursement for carrier.

PHYSICIAN NOTES:
Diagnosis:
1) _____
2) _____
3) _____
4) _____
Add'l. Dx: _____

SIGNATURE _____ M.D.

TODAY'S CHARGES \$ _____
ADDITIONAL CHARGES \$ _____
AMOUNT PAID \$ _____
ADD. AMOUNT PAID \$ _____
TODAY'S BALANCE \$ _____

TYPE OF PAYMENT
☐ Check ☐ Cash
☐ Credit Card
☐ MasterCard ☐ VISA ☐ American Express
☐ Discover
Card #: _____
Expiration Date: _____

Stamp