



**SOUTHWEST  
URGENT  
CARE & FAMILY  
PRACTICE**

5900 Chimney Rock, Suite X

Houston, Texas 77081

Phone: 713-640-5754

Fax: 1-800-245-8979

MRN#

PATIENT BILLING STATEMENT									
PATIENT NAME	LAST NAME		FIRST		MIDDLE INITIAL				
	DATE OF SERVICE		PROVIDER		SPECIALIST		SEX M F		D.O.B.
	TIME IN	TIME OUT	SERVICES	LAB	OTHERS	SHOTS	PROCEDURES		
OFFICE VISIT/NEW PATIENT			OFFICE VISIT/ESTABLISHED PATIENT				EYE CARE		
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 Comp/Comp/High Complex						
OFFICE PROCEDURES			LABORATORY				IMPORTANT: Keep this form for tax purposes and any reimbursement for carrier.		
60210 Ear Irrigation			80049 BMP (CHEM 7)				PHYSICIAN NOTES: Diagnosis:		
93000 EKG			82540 Creatin Urine 24hr / Random				1) _____		
10060 I & D Abscess			86038 ANA				2) _____		
94640 Nebulizer Tx			86025 CBC w/DM				3) _____		
61860 Suture Ligation (per stitch)			80054 CMP (Chem 20)				4) _____		
11730 Removal of Toe Nail			87070 Wound Culture				Add'l. Dx: _____		
98070 Removal of Stitches			82728 Fentanyl						
99070 Removal of Skin tags			82748 Folate (Folic Acid)						
00001 Dressing			82647 FBS						
00002 S 60 Package			88677 H. Pylori IgG						
00004 WME			80074 Hep ABC (Acute) Panel						
00005 WVE			82270 Hemocult 1-3 slides						
00006 Sports Physical			83038 Hg A/C						
00007 Physical Examination			83540.50 Iron+TIBC						
Other			80081 Lipid Panel						
			84132 Potassium						
			85510 PT / INR						
			84153 PSA						
			05730 PTT						
			86430 RA Panel						
			86831 ESR						
			87045 Stool Culture W/Reflex						
			87211 Stool O & P W/Reflex						
			82270 Stool Occult Blood						
			88142 Thin Prep						
			84436.79 Thyroid Panel (T3u, T4total, Tsh)						
			84443 TSH						
			81002 UA Dipstick						
			84550 Uric Acid						
			81001 Urinalysis						
			84703 In-house HCG						
			87088 Urine Culture + Sensitivity						
			13839 Lab Package (cbc/ah/hp/d/comp)						
			87590 Probe. GC						
			87490 Probe. Chlamydia						
			83001 FSH						
			83002 LH						
			88701 HIV						
INJECTIONS/IMMUNIZATIONS			DIAGNOSTIC TESTING				OTHERS		
00782 G12			90782 Stress Test						
00782 Depo Medrol 40mg, 80mg			00782 Echo / Dopplers						
90707 Plavix			90782 MUG / Bone Density						
00718 Hep A (Adult / Pedi)			90782 Ultra Sound						
86850 Hep B (Adult / Pedi)			90782 MRI						
90782 Phenytoin			90782 CT Scan						
90782 Lincozin 300mg									
90633 Kefurog									
90744 NMR									
00782 Rocephin 250mg, 500mg, 1gm									
90782 TB Skin Test									
90703 Tetanus									
90718 Varicella									
90782 Toradol 60mg									
90782 Pneumovax									
90782 MCV 4 (Adult / Pedi)									
90782 PCV 7									
90782 Dtap / IPV / Hib									
90782 Other									
X-RAYS									
90718 CXR									
90732 Shoulder RL									
88580 Finger RL									
90632 Leg RL									
90633 Spine: C T L									
90744 Forearm R L									
90782 Hand R L									
90732 Knee R L									
90703 Foot R L									
90703 Elbow R L									
90703 Other									

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