

Encounter - July 29, 2024

PMS ID: Sex: DOB: Phone: MRN: 110244PAT000000408 Male 08/19/1965 (214) 282-4213 MM000000267

PATIENT INFOR	MATION				GUARANTOR INFORMATIO	ON		
LAST NAME Nadig		FIRST NAME Vinay		M.I.	LAST NAME Nadig		FIRST NAME Vinay	M.I.
SSN	DATE OF BIRTH 08/19/1965	sex Male	MRN MM000000	0267	RELATIONSHIP TO PATIENT Self			·
STREET ADDRESS 6709 Overbrook D	DR .				street address 6709 Overbrook DR			
STREET ADDRESS CONTD.					STREET ADDRESS CONTD.			
CITY Parker		STATE TX	ZIP CODE 75002		слу Parker		STATE TX	ZIP CODE 75002
		EMPLOYER NAME First Quadra	ant Advisory	HOME PHONE	WORK PHONE			
PRIMARY BILLIN	NG / INSURANCE II	NFORMAT	TION					
SUBSCRIBER NAME Vinay Nadig		RELATIONSHIP Self		SUB. DOB	COMPANY NAME Blue Cross and Blue Shield o		GRP/CONTRACT # 019847	MEMBER ID # BCS823096738
STREET ADDRESS					STREET ADDRESS CONTD.			
CITY STATE		ZIP CODE		EMPLOYER NAME				
		1		S	taff			
Due offered Delland ((Primary Provider) (Bill Under	\		·			

Insurable Procedures				
Procedure	Diagnosis	Units	Unit Charge	
76882 LT US LMTD JT/FCL EVL NVASC XTR	M77.32 (Calcaneal spur, left foot) M71.572 (Other bursitis, not elsewhere classified, left ankle and foot) M76.62 (Achilles tendinitis, left leg)	1	\$500.00	
99214 OFFICE O/P EST MOD 30 MIN	M77.32 (Calcaneal spur, left foot) M71.572 (Other bursitis, not elsewhere classified, left ankle and foot) M76.62 (Achilles tendinitis, left leg)	1	\$410.00	

Level of MDM			
Code	Level of MDM		
99214	Moderate		

Number/Complexity of Problems Addressed - Moderate			
Level of MDM	Number/Complexity	Problems Addressed	
Minimal			
Low	1 acute, uncomplicated illness or injury	Retrocalcaneal (Achilles) Bursitis, Achilles Tendinitis	
Moderate	2 or more stable chronic illnesses	Haglund's Deformity, Left, Calcaneal Spur	
High			



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Category	Туре	Quantity	Notes/Test/Orders
1	Review of prior external note(s) from each unique source		
1	Review of the result(s) of each unique test		
1	Ordering of each unique test	1	Order US (Ultrasound, limited study, CPT 76882)
2	Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported)	n/a	
3	Discussion of Management or Test Interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	n/a	
	Assessment requiring an independent historian(s)	n/a	

Risk of Complications and/or Morbidity of Patient Management - Moderate			
Level of MDM	Level of Risk	Comments	
Minimal	Minimal risk of morbidity from additional diagnostic testing or treatment		
Low	Low risk of morbidity from additional diagnostic testing or treatment		
Moderate	Moderate risk of morbidity from additional diagnostic testing or treatment	Order PRP/BMC	
High	High risk of morbidity from additional diagnostic testing or treatment		

Transfer Of Care
Transition of Care: false

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