

East Bay Nephrology Medical Group
Office Charge Encounter Form

revised May 2010

Account#:	Office Location:	Billing Code	CPT Code	Description	Charge Amt
Patient's Dialysis Unit:		FOLLOW-UP VISIT INFO			
Patient Last Name / Patient First Name		390		Dialysis Related	\$0
		211	99211	Minimal	\$35
		212	99212	Problem Focused	\$60
		213	99213	Expanded Problem Focused	\$95
Phone # 1:		214	99214	Detail	\$150
Phone # 2:		215	99215	Comprehensive	\$200
DOS:		208	99354	Prolong Visit 1st hr (document time)	\$175
DR#:		209	99355	Prolong Visit Ea Add 1/2 Hr (document time)	\$165
Appt Time:		Electronic Prescriptions (Mcar Only)			
Confirmed?		228	G8553	E-Rx For At least one Med this encounter	\$0
DOB:					
SS#:					
MCAL ID#:		CONSULTS (New Patients or Patients not seen in 3 years)			
		(Eff Jan 2010, if ins is Medi-cal, Use 99241-99245 till further notice)			
INSURANCE INFORMATION		201	99201	PF History & exam/Straightforward med decision	\$80
Ins:		202	99202	Exp PF History & exam/Straightforward med decision	\$140
Ins:		203	99203	Detail History & exam/Low med decision	\$190
F/C:		204	99204	Comp History & exam/Mod med decision	\$275
Ins Verified _____ Yes _____ No _____		205	99205	Comp History & exam/High med decision	\$340
		Other			
Need Auth _____ Yes _____ No _____		328	90732	Pneumo INJ	\$25
		350	90658	Flu VAC (includes G0008- Administration)	\$45
AEVS _____ SOC _____		351	J3420	Vit B 12 INJ	\$15
		352	81002	Urinalysis without microscopy	\$10
Co-pay /Ded: _____ Amt collected _____		353	81000	Urinalysis with microscopy	\$10
Reviewed Ins Info & Demographics with patient?		Follow-up Orders:			
Yes _____ No _____					
Referring Physician Information					
Name:					
NPI#:					
Diagnosis:					
		NOTES:			
ICD'9 CODES					
1					
2					
3					
4					
HIPAA Acknowledgement Signed? Yes _____ No _____					