

PHYSICIANS STATEMENT FOR INSURANCE FORMS

BOOKEND DATE TO YOUR INSURANCE FORM ALONG THE EDGE (DO NOT USE STAPLES)

PATIENT NAME: _____

DATE(S) OF SERVICE: _____

DATE OF INJURY/ILLNESS ONSET: _____

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PODIATRIC MEDICINE & SURGERY

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DIPLOMATE, AMERICAN BOARD OF PODIATRIC SURGERY

TAX ID #22-2377600

ACCEPT ASSIGNMENT: * YES * NO

PLACE OF SERVICE: * OFFICE * OTHER * HOSP. BED PATIENT

REFERRING PHYSICIAN: _____

CPT		OFFICE SERVICES	FEES	CPT	PROCEDURES	FEES	CPT	PROCEDURES	FEES												
<input type="checkbox"/>	99203	Initial Visit		<input type="checkbox"/>	11500	Injection w/Anes. & Steroid		<input type="checkbox"/>	20550	Strapping Toe											
<input type="checkbox"/>	99121	Office Visit		<input type="checkbox"/>	20050	Asp. - Inj. Gang.		<input type="checkbox"/>	28475	Met. Fracture with Manip.											
<input type="checkbox"/>	99213	Office Visit Expanded		<input type="checkbox"/>	11040	Debride Skin Partial Thck.		<input type="checkbox"/>	28490	Fracture Hallux without Manip.											
<input type="checkbox"/>	99214	Visit Detailed		<input type="checkbox"/>	11041	Debride Skin Full Thck.		<input type="checkbox"/>	98495	Fracture Hallux with Manip.											
<input type="checkbox"/>	99243	Office Consult - Medium		<input type="checkbox"/>	11042	Debride Skin + Sub Q		<input type="checkbox"/>	28510	Fracture Phalanx without Manip.											
<input type="checkbox"/>	99244	Office Consult - High		<input type="checkbox"/>	11000	Debride Infected Skin		<input type="checkbox"/>	28516	Fracture Phalanx with Manip.											
CPT		X-RAYS		FEES																	
<input type="checkbox"/>		Pre Op		<input type="checkbox"/>	11721	Debride Mycotic Nails Multiple		<input type="checkbox"/>	13040	Premolded Orthotic											
<input type="checkbox"/>		Post Op		<input type="checkbox"/>	11750	Excision Nail + Matrix Comp.		<input type="checkbox"/>	13020	Custom Orthotic											
<input type="checkbox"/>		Diagnostic		<input type="checkbox"/>	11730	Excision Nail Partial or Comp.		<input type="checkbox"/>	28190	Removal of Foreign Body Sub											
<input type="checkbox"/>	73002P	Ankle, Complete (3)	RT LT	<input type="checkbox"/>	11740	Evac. of Subungual Hematoma		<input type="checkbox"/>	28193	Removal of Foreign Body Comp.											
<input type="checkbox"/>	73020P	Foot, AP and Lateral	RT LT	<input type="checkbox"/>	10080	I + D of Abscess / Paronychia		<input type="checkbox"/>	11055	1 Korn (Lesion) - Debride											
<input type="checkbox"/>	73030P	Foot, Complete (3)	RT LT	<input type="checkbox"/>	10051	I + D Paronychia Complicated		<input type="checkbox"/>	11058	2 - 4 Lesions - Debride											
<input type="checkbox"/>				<input type="checkbox"/>	11420	Excision Ben Les 0.5 CM		<input type="checkbox"/>	11057	Over 4 Lesions - Debride											
<input type="checkbox"/>				<input type="checkbox"/>	11421	Excision Ben Les 0.6 - 1.0 CM		<input type="checkbox"/>	11719	Non - Dystrophic Nails - Debride											
<input type="checkbox"/>				<input type="checkbox"/>	11422	Excision Ben Les 1.0 - 2.0 CM		<input type="checkbox"/>	GD127	Trimming of Dystrophic Nails											
<input type="checkbox"/>				<input type="checkbox"/>	11423	Excision Ben Les 2.1 - 3.0 CM		<input type="checkbox"/>	A9160	Non - Cuffed Service											
<input type="checkbox"/>				<input type="checkbox"/>	29515	Short Splint		<input type="checkbox"/>	00000	Office Medication											
<input type="checkbox"/>	64540	Chemical Neurolysis		<input type="checkbox"/>	28540	Strapping Ankle		<input type="checkbox"/>													
DIAGNOSIS																					
<input type="checkbox"/>	732.5	Apophysis / Sever Disease	<input type="checkbox"/>	728.71	Fasciitis, Plantar	<input type="checkbox"/>	733.81	Malunion	<input type="checkbox"/>	729.5	Pain in Limb										
<input type="checkbox"/>	719.47	Arthralgia	<input type="checkbox"/>	709.8	Fissured Skin or Heal	<input type="checkbox"/>	729.5	Pain in Limb	<input type="checkbox"/>	881.9	Subungual Abscess										
<input type="checkbox"/>	274.0	Athlete's Foot	<input type="checkbox"/>	819.0	Foreign Body	<input type="checkbox"/>	735.5	Mallet NAIL PARONYCHIA	<input type="checkbox"/>	719.07	Swelling of Ankle or Foot										
<input type="checkbox"/>	716.07	Arthritis, Incl. Joint Infl.	<input type="checkbox"/>	825.25	Fracture, Metatarsal Bone(s)	<input type="checkbox"/>	726.70	Metatarsalgia	<input type="checkbox"/>	727.00	Synovitis / Tenosynovitis										
<input type="checkbox"/>	714.0	Arthritis Rheumatoid	<input type="checkbox"/>	826.0	Fracture, Phalanx (Phalanges)	<input type="checkbox"/>	110.1	Mycotic Nail (S)	<input type="checkbox"/>	736.79	Talor's Bunion / Bunionette										
<input type="checkbox"/>	440.20	Atherosclerosis	<input type="checkbox"/>	725.4	Gangrene	<input type="checkbox"/>	729.2	Neuritis	<input type="checkbox"/>	355.5	Tarsal Tunnel Syndrome										
<input type="checkbox"/>	727.3	Bursitis	<input type="checkbox"/>	727.43	Ganglionic Synovial Cyst	<input type="checkbox"/>	155.6	Neuroma	<input type="checkbox"/>	451.1	Thrombophlebitis										
<input type="checkbox"/>	726.90	Capsulitis / Tendinitis	<input type="checkbox"/>	735.0	Hallux Valgus	<input type="checkbox"/>	238.8	Neoplasm Uncertain Behavior	<input type="checkbox"/>	110.4	Tinea Pedis										
<input type="checkbox"/>	736.73	Cavus Foot	<input type="checkbox"/>	735.2	Hallux Rigidus	<input type="checkbox"/>	719.77	Painful Ambulation	<input type="checkbox"/>	250.00	Type II NIDDM										
<input type="checkbox"/>	681.9	Celulitis / Abscess / Subungual	<input type="checkbox"/>	735.4	Hammertoe	<input type="checkbox"/>	681.11	Paronychia	<input type="checkbox"/>	250.01	Type I/IDDM Juvenile										
<input type="checkbox"/>	250.01	Diabetes / Insulin	<input type="checkbox"/>	726.73	Heel (Calcaneal) Spur	<input type="checkbox"/>	735.07	Periostitis	<input type="checkbox"/>	250.02	Type II NIDDM Adult										
<input type="checkbox"/>	703.0	Ingrown Toe Nail	<input type="checkbox"/>	924.9	Hematoma	<input type="checkbox"/>	356.9	Peripheral Neuropathy	<input type="checkbox"/>	250.03	Type I/IDDM - Juvenile (Uncont.)										
<input type="checkbox"/>	440.21	Claudication	<input type="checkbox"/>	730.0	Hyperhidrosis	<input type="checkbox"/>	734.0	Pes Planus	<input type="checkbox"/>	707.10	Ulcer of Lower Limb										
<input type="checkbox"/>	736.7	Compacted Digits	<input type="checkbox"/>	703.6	Hypertrophic Nails	<input type="checkbox"/>	754.61	Pes Valgus Congenital	<input type="checkbox"/>	707.13	Ulcer of Heel / Midfoot										
<input type="checkbox"/>	824.3	Contusion of Toes	<input type="checkbox"/>	681.1	Infection/Abscess of Toe	<input type="checkbox"/>	443.9	P.V.D.	<input type="checkbox"/>	707.15	Ulcer other part of foot										
<input type="checkbox"/>	882.9	Dermatitis, Incl. Eczema	<input type="checkbox"/>	682.7	Infection/Abscess of Foot	<input type="checkbox"/>	440.22	Rest Pain	<input type="checkbox"/>	707.19	Ulcer other part of Lower Limb										
<input type="checkbox"/>	250.00	Diabetes Mellitus Non Insulin	<input type="checkbox"/>	443.9	Intermittent Claudication	<input type="checkbox"/>	722.0	Rheumatism / Fibrositis	<input type="checkbox"/>	454.2	Ulceraed Stasis Eczema										
<input type="checkbox"/>	250.80	Diabetes Liver	<input type="checkbox"/>	701.4	Keloid	<input type="checkbox"/>	733.99	Sesamoiditis	<input type="checkbox"/>	078.19	Warts										
<input type="checkbox"/>	452.9	Edema - Venous Obstruction	<input type="checkbox"/>	701.1	Keratoma	<input type="checkbox"/>	686.9	Soft Tissue Infection	<input type="checkbox"/>												
<input type="checkbox"/>	726.91	Exostosis	<input type="checkbox"/>	457.1	Lymphedema	<input type="checkbox"/>	845.1	Sprain Foot	<input type="checkbox"/>												
DIAGNOSIS:																					
<table border="0"> <tr> <td>RECALL:</td> <td>CHECK</td> <td>* PRIOR BALANCE:</td> </tr> <tr> <td></td> <td>CASH</td> <td>* TODAY'S CHARGE:</td> </tr> <tr> <td>SIGNATURE:</td> <td></td> <td>AMOUNT PAID:</td> </tr> <tr> <td></td> <td></td> <td>BALANCE DUE:</td> </tr> </table>										RECALL:	CHECK	* PRIOR BALANCE:		CASH	* TODAY'S CHARGE:	SIGNATURE:		AMOUNT PAID:			BALANCE DUE:
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