

North Iowa Family Health Care P.L.C

Nicolle Amos, ARNP-C

100 1st Street, Suite 140 • Mason City, IA 50401

(641) 423-4545

Patient Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
_____	D.O.B. _____

NEW PATIENT		CPT	FEE	INJECTIONS		CPT	FEE	IMMUNIZATIONS		CPT	FEE
<input type="checkbox"/>	Minimal office visit	99201	_____	<input type="checkbox"/>	Injection Fee	90782	_____	<input type="checkbox"/>	DTaP less than 7 yrs old	90700	_____
<input type="checkbox"/>	20 minutes	99202	_____	<input type="checkbox"/>	B-12	J3420	_____	<input type="checkbox"/>	DTaP-HIB	90721	_____
<input type="checkbox"/>	30 minutes	99203	_____	<input type="checkbox"/>	Demerol	J2175	_____	<input type="checkbox"/>	Flu Vaccine over 3 yrs old	90658	_____
<input type="checkbox"/>	45 minutes	99204	_____	<input type="checkbox"/>	Lidocaine	J200	_____	<input type="checkbox"/>	Flu Vaccine 6 to 35 months	90657	_____
<input type="checkbox"/>	60 minutes	99204	_____	<input type="checkbox"/>	Phenergan	J2550	_____	<input type="checkbox"/>	Hepatitis B Adult	90746	_____
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	Rocephin	J0696	_____	<input type="checkbox"/>	Hepatitis B Peds and Adolesc.	90744	_____
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	Depo-Provera	J1055	_____	<input type="checkbox"/>	Hib	90645	_____
ESTABLISHED PATIENT				<input type="checkbox"/>	Depo-Medrol	J1020	_____	<input type="checkbox"/>	MMR	90707	_____
<input type="checkbox"/>	Minimal	99211	_____	<input type="checkbox"/>	Rocephin	J0696	_____	<input type="checkbox"/>	Tetanus	90703	_____
<input type="checkbox"/>	10 minutes	99212	_____	<input type="checkbox"/>	Toradol	J1885	_____	<input type="checkbox"/>	Varicella	90716	_____
<input type="checkbox"/>	15 minutes	99213	_____	<input type="checkbox"/>	Compazine	J0780	_____	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	25 minutes	99214	_____	<input type="checkbox"/>	Demerol	J2175	_____	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	40 minutes	99215	_____	<input type="checkbox"/>	I.V. Medications	90784	_____	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	Antibiotic injection	90788	_____	PROCEDURES			
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	Morphine	_____	_____	<input type="checkbox"/>	EKG	93000	_____
PREVENTATIVE NEW PATIENT				<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	Pulse Ox	94760	_____
<input type="checkbox"/>	Less than 1 year old	99381	_____	SUPPLIES				<input type="checkbox"/>	Eye Exam	99173	_____
<input type="checkbox"/>	Ages 1-4	99382	_____	<input type="checkbox"/>	Finger Splint	A4570	_____	<input type="checkbox"/>	Tympanogram	92567	_____
<input type="checkbox"/>	Ages 5-11	99383	_____	<input type="checkbox"/>	Suture Tray w/ anesthesia	02097	_____	<input type="checkbox"/>	Ear Lavage	69210	_____
<input type="checkbox"/>	Ages 12-17	99384	_____	<input type="checkbox"/>	Wrist Splint	S8451	_____	<input type="checkbox"/>	Albuterol	J7619	_____
<input type="checkbox"/>	Ages 18-39	99385	_____	<input type="checkbox"/>	Suture Removal kit	02033	_____	<input type="checkbox"/>	Nebulizer	94640	_____
<input type="checkbox"/>	Ages 40-64	99386	_____	<input type="checkbox"/>	Dressing Tray	A4556	_____	<input type="checkbox"/>	Initial Burn Treat.1st Degree	16000	_____
<input type="checkbox"/>	Ages 65+	99387	_____	<input type="checkbox"/>	Catheter Collection	P9612	_____	<input type="checkbox"/>	Wart Removal 1	17000	_____
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	Wart Removal 2-14	17003	_____
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	Punch Biopsy #1	11100	_____
PREVENTATIVE NEW PATIENT				<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	Punch Biopsy each additional	11101	_____
<input type="checkbox"/>	Less than 1 year old	99391	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	Skin Tag Removal 15 or less	11200	_____
<input type="checkbox"/>	Ages 1-4	99392	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	Single Lesion Rem.5cm or less	11300	_____
<input type="checkbox"/>	Ages 5-11	99393	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	Single lesion .6 to 1.0 cm	11301	_____
<input type="checkbox"/>	Ages 12-17	99394	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	Single lesion 1.1 to 2.0 cm	11302	_____
<input type="checkbox"/>	Ages 18-39	99395	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	Single lesion over 2.0 cm	11303	_____
<input type="checkbox"/>	Ages 40-64	99396	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	Lesion removal w/ sutures	11400	_____
<input type="checkbox"/>	Ages 65+	99397	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	Xopenex	J7699	_____
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____

DIAGNOSIS			
<input type="checkbox"/> 1)	<input type="checkbox"/> 2)	<input type="checkbox"/> 3)	<input type="checkbox"/> 4)

Physician's statement: I certify that I personally rendered the above services and that the charges shown represent my usual charges.	Return Visit:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Today's Charges</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Copay Received</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Other Payment</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Total Due</td> <td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td> </tr> </table>	Today's Charges	\$ _____	Copay Received	\$ _____	Other Payment	\$ _____	Total Due	\$ _____
Today's Charges	\$ _____									
Copay Received	\$ _____									
Other Payment	\$ _____									
Total Due	\$ _____									
Signature and Professional Degree _____ ARNP-C Date: _____										