

CORNEAL EYE INSTITUTE

2000 Ridge Ave, Suite 19 • Edgewater, FL 32141
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PATIENT NAME				DATE		PRIMARY INSURANCE		GROUP POLICY NUMBER	
RESPONSIBLE PARTY			ACCOUNT NUMBER		CHARGE SLIP NUMBER		SECONDARY INSURANCE		GROUP POLICY NUMBER
ADDRESS			CITY		STATE	ZIP	TOTAL BALANCE		PATIENT PORTION
DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F	SOCIAL SECURITY NO.		PHONE			DATE LAST PAY		AMOUNT LAST PAID

NOTES					ROUTING INFORMATION				
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EVALUATION & MANAGEMENT			CODE	FEE	TREATMENT TESTINGS			CODE	FEE	SURGICAL PROCEDURES			CODE	FEE
Office Visits			NEW	EST.	<input type="checkbox"/> A-Scan w/Lens Calculation			76519		<input type="checkbox"/> Probing of Nasolacrimal Duct			68810	
<input type="checkbox"/> Level 1 Minimal			99201	99211	<input type="checkbox"/> B-Scan			76512		<input type="checkbox"/> Ectropian Suture Technique			67914	
<input type="checkbox"/> Level 2 Straightforward			99202	99212	<input type="checkbox"/> Corneal Topography					<input type="checkbox"/> Ectropian Repair - Extensive w/ Blepharoplasty			67917	
<input type="checkbox"/> Level 3 Expanded			99203	99213	<input type="checkbox"/> EKG-12 Lead			93000		<input type="checkbox"/> Entropion- Extensive w/ Blepharoplasty			67924	
<input type="checkbox"/> Level 4 Comp. Moderate			99204	99214	<input type="checkbox"/> External Ocular Photography			92285		<input type="checkbox"/> Incision & Drainage / Lacrimal Sac			68420	
<input type="checkbox"/> Level 5 Comp. High			99205	99215	<input type="checkbox"/> Fluorescein Angiography			92235		<input type="checkbox"/> Intraocular Lens - Anterior Chamber			V2630	
<input type="checkbox"/> Intermediate			92002	99215	<input type="checkbox"/> Fundus Photography			92250		<input type="checkbox"/> Iridectomy for Glaucoma			66625	
<input type="checkbox"/> Comprehensive			92004	92014	<input type="checkbox"/> Gonioscopy			92020		<input type="checkbox"/> Keratotomy - Radial (For correction-Myopia)			65771	
<input type="checkbox"/> Hospital Care Level 1 Initial				99221	<input type="checkbox"/> Injection Tenon's Capsule			67515		<input type="checkbox"/> Lid Margin Excision			67966	
<input type="checkbox"/> Hospital Care Level 2 Moderate				99222	<input type="checkbox"/> OCT					<input type="checkbox"/> Probing Lacrimal Duct/Req. Gen Anesth.)			68825	
<input type="checkbox"/> Hospital Care Level 3 High				99223	<input type="checkbox"/> Pachymetry			67514		<input type="checkbox"/> Pterygium Excision			65420	
<input type="checkbox"/> Hospital Care Level 1 Subsequent				99231	<input type="checkbox"/> Punctum Plug Initial			68761A		<input type="checkbox"/> Revision of Operative Wound			66250	
<input type="checkbox"/> Hospital Care Level 2 Moderate				99232	<input type="checkbox"/> Punctum Plug Subseq			68761B		<input type="checkbox"/> Trabeculectomy AB External			66170	
<input type="checkbox"/> Hospital Care Level 3 High				99233	<input type="checkbox"/> Retinal Drawing Initial			92225		<input type="checkbox"/> Tarsorrhaphy			67882	
<input type="checkbox"/> Refraction				92015	<input type="checkbox"/> Retinal Drawing Subseq			92226		<input type="checkbox"/> Victrectomy/Pars Plana w/Pre-Retinal Mem. Dis.			X6530	
<input type="checkbox"/> Office Consult. Level 1				99241	<input type="checkbox"/> Sed Rate Westergren			85651		<input type="checkbox"/> Victrectomy/Pars Plaria			67036	
<input type="checkbox"/> Office Consult. Level 2 Expande				99242	<input type="checkbox"/> Specular Endothelial Microscopy			92286		<input type="checkbox"/> Victrectomy/Subtotal(Open Sky Technique)			67010	
<input type="checkbox"/> Office Consult. Level 3 Detailed				99243	<input type="checkbox"/> Subconjunctival Injection			68200		<input type="checkbox"/> Secondary IOL			66985	
<input type="checkbox"/> Office Consult. Level 4 Moderate				99244	<input type="checkbox"/> Visual Field/Extensive Quantitative Perimeter			92083		<input type="checkbox"/> IOL Exchange			66986	
<input type="checkbox"/> Office Consult. Level 5 High				99245										
<input type="checkbox"/> Inpatient Consult. Level 1 Initial				99251										
<input type="checkbox"/> Inpatient Consult. Level 2 Expanded				99252										
<input type="checkbox"/> Inpatient Consult. Level 3 Detailed				99253										
<input type="checkbox"/> Inpatient Consult. Level 4 Moderate				99254										
<input type="checkbox"/> Inpatient Consult. Level 5 High				99255										
SPECIAL SERVICES			CODE	FEE	SURGICAL PROCEDURES			CODE	FEE	LASER PROCEDURES			CODE	FEE
<input type="checkbox"/> Gas Permeable Lenses			V2510		<input type="checkbox"/> Benign Lesion Excision- Conjunctiva			68110		<input type="checkbox"/> Laser Canaliculoplasty			68700	
<input type="checkbox"/> Bandage Lens			92070		<input type="checkbox"/> Benign Lesion Excision- Eyelid			67840		<input type="checkbox"/> Laser Choreoplasty			66762	
<input type="checkbox"/> Acuvue Disposable Lenses			ACUV		<input type="checkbox"/> Blepharoptosis Repair-Internal Approach			67903		<input type="checkbox"/> Laser Photocoagulation			67228	
<input type="checkbox"/> Contact Fitting Exam			92311		<input type="checkbox"/> Blepharoptosis Repair-External Approach			67904		<input type="checkbox"/> Laser Iridotomy			66761	
<input type="checkbox"/> Contact Lens S & H/Per Lens			00039		<input type="checkbox"/> Capstilotomy-Posterior by Incision			66830		<input type="checkbox"/> Laser Capsulotomy-Posterior			66821	
					<input type="checkbox"/> Cataract Extraction-Extracapsular w/IOL Implant			66984		<input type="checkbox"/> Laser Trabeculoplasty			65855	
					<input type="checkbox"/> Chalazion Removal-Single			67800						
					<input type="checkbox"/> Chalazion Removal-Multiple/Same Lid			67801						
					<input type="checkbox"/> Chalazion Removal-Multiple/Diff. Lids			67805						
					<input type="checkbox"/> Cyclocryotherapy-Initial			66702						
					<input type="checkbox"/> Dilation-Lacrimal Punctum			68801						
					<input type="checkbox"/> Limbal Relaxing Incisions			LRI						
					<input type="checkbox"/> Multifocal IOL			MFIOL						

DIAGNOSIS														
<input type="checkbox"/> Amblyopia			368.00		<input type="checkbox"/> Drusen			362.57		<input type="checkbox"/> Neovascular Membrane			362.16	
<input type="checkbox"/> Aphakia			379.31		<input type="checkbox"/> Diabetes Type II			250.00		<input type="checkbox"/> Nuclear Sclerosis			366.16	
<input type="checkbox"/> Asteroid Hyalosis			379.22		<input type="checkbox"/> Eccentric Pupil			379.41		<input type="checkbox"/> Ocular Hypertension			365.04	
<input type="checkbox"/> Arteriosclerosis			362.13		<input type="checkbox"/> Ectropion			374.10		<input type="checkbox"/> Old Retinal Detachment			361.06	
<input type="checkbox"/> Astigmatism Unspecified			367.20		<input type="checkbox"/> Entropion			374.00		<input type="checkbox"/> Optic Atrophy			377.10	
<input type="checkbox"/> Basal cell Carcinoma			173.1		<input type="checkbox"/> Epiphora w/ blockage			375.22		<input type="checkbox"/> Optic Disc Drusen			377.21	
<input type="checkbox"/> Bell's Palsy			351.0		<input type="checkbox"/> Esotropia			378.00		<input type="checkbox"/> Papilledema			377.00	
<input type="checkbox"/> Blepharitis			373.00		<input type="checkbox"/> Exotropia			378.10		<input type="checkbox"/> Papilloma Benign Eyelid			216.1	
<input type="checkbox"/> Blocked Nasolacrimal Duct			375.55		<input type="checkbox"/> Foreign Body, Cornea			930.0		<input type="checkbox"/> Paralytic Strabismus			378.50	
<input type="checkbox"/> Branch Block			426.5		<input type="checkbox"/> Foreign Body, Tarsus			930.1		<input type="checkbox"/> Peripheral Retinal Deg.			362.60	
<input type="checkbox"/> Branch Retinal Vein Occl.			362.36		<input type="checkbox"/> Glaucoma - Acute/Closed			365.22		<input type="checkbox"/> Pinguecula			372.51	
<input type="checkbox"/> Cataract Mature Total			366.17		<input type="checkbox"/> Glaucoma - Primary/Closed			365.20		<input type="checkbox"/> Post Capsular Opacification			366.50	
<input type="checkbox"/> Central Retinal Vein Occl.			362.35		<input type="checkbox"/> Glaucoma - Primary/Open			365.11		<input type="checkbox"/> Post Subcapsular Cat.			366.14	
<input type="checkbox"/> Chalazion			373.2		<input type="checkbox"/> Glaucoma - Suspect			365.01		<input type="checkbox"/> Posterior Synchiae			364.72	
<input type="checkbox"/> Chorioretinal Scar			363.30		<input type="checkbox"/> Herpes Simplex/Keratitis			054.43		<input type="checkbox"/> Pre-op Clearance			V72.84	
<input type="checkbox"/> Concretion			372.54		<input type="checkbox"/> Herpes Simplex/Iridocyclitis			054.44		<input type="checkbox"/> Pseudophakia			V43.1	
<input type="checkbox"/> Conjunctival Cyst			372.75		<input type="checkbox"/> Herpes Zoster/Dermatitis/Eye			053.20		<input type="checkbox"/> Pterygium/Unspecified			372.40	
<input type="checkbox"/> Conjunctivitis, Allergic			372.30		<input type="checkbox"/> Herpes Zoster Eye			053.21		<input type="checkbox"/> Ptosis of Eyelid			374.30	
<input type="checkbox"/> Conjunctivitis, Bacterial			372.14		<input type="checkbox"/> Hyperopia			367.00		<input type="checkbox"/> Retinal Detachment			361.00	
<input type="checkbox"/> Conjunctivitis, Viral			077.9		<input type="checkbox"/> Ischemic optic neur			377.41		<input type="checkbox"/> Retinitis Pigmentosa			362.74	
<input type="checkbox"/> Corneal Abrasion			918.1		<input type="checkbox"/> Keratitis Superficial			370.20		<input type="checkbox"/> Retinopathy Central/Serous			362.20	
<input type="checkbox"/> Corneal Burn			940.3		<input type="checkbox"/> Keratoconjunctivitis			370.40		<input type="checkbox"/> Retinoschisis			361.10	
<input type="checkbox"/> Corneal Dystrophy			371.57		<input type="checkbox"/> Keratoconus			371.60		<input type="checkbox"/> Routine Eye Exam			V70.0	
<input type="checkbox"/> Corneal Edema			371.20		<input type="checkbox"/> Low Tension Glaucoma			365.10		<input type="checkbox"/> Scleritis			379.00	
<input type="checkbox"/> Corneal Graft Rejection			996.51		<input type="checkbox"/> Macula Edema			362.83		<input type="checkbox"/> Sub-Conjunctival Hemorrhage			372.72	
<input type="checkbox"/> Corneal Opacity			371.00		<input type="checkbox"/> Macular Degeneration/Senile			362.50		<input type="checkbox"/> Transient Visual Loss			368.12	
<input type="checkbox"/> Corneal Ulcer			370.03		<input type="checkbox"/> Macular Hole			362.54		<input type="checkbox"/> Trichiasis			374.05	
<input type="checkbox"/> Cranial Arteritis			446.5		<input type="checkbox"/> Macular Pucker			362.56		<input type="checkbox"/> Uveitis			364.00	
<input type="checkbox"/> Dacryocystitis			375.30		<input type="checkbox"/> Maculopathy, toxic			362.55		<input type="checkbox"/> Visual Field Defect			369.40	
<input type="checkbox"/> Diabetic Retinopathy			362.01		<input type="checkbox"/> Migraine Classic			346.00		<input type="checkbox"/> Vitreous Degeneration			379.21	
<input type="checkbox"/> Diplopia			368.20		<input type="checkbox"/> Migraine Visual			346.20		<input type="checkbox"/> Vitreous Detachment			379.21	
<input type="checkbox"/> Dry Eye Syndrome			375.15		<input type="checkbox"/> Myopia			367.1		<input type="checkbox"/> Vitreous Hemorrhage			379.23	

TODAYS CHARGES		PAID ON ACCOUNT		ADJ. <input type="checkbox"/> CHK <input type="checkbox"/> MC <input type="checkbox"/> VISA		TOTAL DUE:		RETURN APPT.		PHYSICIAN'S SIGNATURE	
\$		\$		\$		\$					