

DATE OF SERVICE:

PATIENT NAME AND ADDRESS:

Anti-Aging Medicine

BIRTH DATE:

E-MAIL:

HOME PHONE: ( ) -

WORK PHONE: ( ) -

Raunau Medical Associates, Inc.

Beverly Hills, CA 90210

310-278-4444

CA Lic # G33333 Tax ID # 95-485555

Reason for visit:

Complaint:

New Patient Office Visits			Alternative Therapies			Labs		
Code	Fee		Code	Fee		Code	Fee	
<input type="checkbox"/> Complimentary Consultation	N/A		<input type="checkbox"/> IV Mineral Therapy	90780		<b>Basic Hormone Panel</b>	64155	
<input type="checkbox"/> Brief 10 min	99201		<input type="checkbox"/> IV Mineral Therapy Series/4	90780		<b>Anti Aging Comprehensive Panel:</b>		
<input type="checkbox"/> Limited 30 min	99203		<input type="checkbox"/> Hypnotherapy Session	90880		<input type="checkbox"/> ASI Saliva	82530	
<input type="checkbox"/> Intermediate 60 min	99205		<input type="checkbox"/> Stress Management	97780		<input type="checkbox"/> CA125	86304	
<input type="checkbox"/> Extended 80 min	99245		<input type="checkbox"/> Chelation Therapy	59454		<input type="checkbox"/> Fasting Insulin	83525	
<input type="checkbox"/> Home Visit	99345		<input type="checkbox"/> Stress Therapy			<input type="checkbox"/> Glycohemoglobin A1C	83036	
<input type="checkbox"/> Lab Interpretation Visit	99203		<input type="checkbox"/> Chelation Therapy			<input type="checkbox"/> IGF-1	84305	
<b>Estab. Patient Office Visits</b>			<input type="checkbox"/> Heavy Metal Detoxification			<input type="checkbox"/> Lipid Profile	80061	
<input type="checkbox"/> Brief 10 min	99212		<input type="checkbox"/> Disease Specific Therapy			<input type="checkbox"/> PSA	84153	
<input type="checkbox"/> Limited 30 min	99213		<input type="checkbox"/> Stress Management	59454		<input type="checkbox"/> Other		
<input type="checkbox"/> Intermediate 60 min	99215		<b>Weight Loss &amp; Nutrition</b>			<b>Additional Labs:</b>		
<input type="checkbox"/> Extended 80 min	99215		<input type="checkbox"/> Complimentary Consultation			<input type="checkbox"/> Pregnenolone	84140	
<input type="checkbox"/> Home Visit	99345		<input type="checkbox"/> Weight Loss Consultation			<input type="checkbox"/> Free T3	84481	
<input type="checkbox"/> Lab Interpretation Visit	99213		<input type="checkbox"/> Nutritional Consultation	59470		<input type="checkbox"/> Reverse T3	84482	
<b>Hormone Replacement</b>			<input type="checkbox"/> Follow Up Nutritional Visit			<input type="checkbox"/> DHEA	82626	
<input type="checkbox"/> Testosterone			<input type="checkbox"/> Metabolic Testing	89399		<input type="checkbox"/> Organic Acid Profile	83919	
<input type="checkbox"/> Testosterone IM			<input type="checkbox"/> Ultra Lite Phase 1			<input type="checkbox"/> CDSA 2.0		
<input type="checkbox"/> Testosterone Pellets NOC10116-1001-2			<input type="checkbox"/> Visit 1			<input type="checkbox"/> Heavy Metal Detoxification Screen		
<input type="checkbox"/> Estrogen Injection			<input type="checkbox"/> Visit 2			<input type="checkbox"/> Heavy Metal Hair Analysis	82175	
<input type="checkbox"/> Estrogen Pellets	911980		<input type="checkbox"/> Visit 3			<input type="checkbox"/> Other		
<input type="checkbox"/> Nandralone Decanoate 50mg	J2320		<input type="checkbox"/> Visit 4			<input type="checkbox"/> Veinpuncture Medical Skills	36410	
<input type="checkbox"/> Nandralone Decanoate 100 mg	J2321		<input type="checkbox"/> Visit 5			<input type="checkbox"/> Venipuncture Basic	36415	
<input type="checkbox"/> Nandralone Decanoate 200mg	J2322		<input type="checkbox"/> Ultra Lite Phase 2			<input type="checkbox"/> Handling Fee	99000	
<input type="checkbox"/> Progesterone Injection			<input type="checkbox"/> Visit 1			<input type="checkbox"/> Other		
<input type="checkbox"/> Progesterone Pellets			<input type="checkbox"/> Visit 2					
<input type="checkbox"/> Thyroid			<input type="checkbox"/> Visit 3					
<input type="checkbox"/> Nandralone Decanoate			<input type="checkbox"/> Ultra Lite Packets					
<input type="checkbox"/> Bio Identical HRT			<input type="checkbox"/> Follow Up					
<input type="checkbox"/> DHEA								

DIAGNOSIS

<b>Endocrine:</b>		<input type="checkbox"/> Chronic Fatigue Syndrome	780.1	<b>GI:</b>	
<input type="checkbox"/> Adrenal Insufficiency	255.4	<input type="checkbox"/> Chronic Rhinitis	461.1	<input type="checkbox"/> Digestive Tract Syndrome	536.8
<input type="checkbox"/> Diabetes	250.0	<input type="checkbox"/> Deficiency of Other Vitamins	269.1	<input type="checkbox"/> Flatulence Gas or Bloating	787.3
<input type="checkbox"/> Hormone Imbalance	259.9	<input type="checkbox"/> Disorder of Metabolism, Unspec	401.1	<input type="checkbox"/> Gastritis	609.1
<input type="checkbox"/> Hyperinsulinism	251.1	<input type="checkbox"/> Fatigue & Malaise	780.7	<input type="checkbox"/> Gluten Intolerance	529.0
<input type="checkbox"/> Hyperthyroidism	242.9	<input type="checkbox"/> Heartburn	787.1	<input type="checkbox"/> Irritable Bowel	564.1
<input type="checkbox"/> Menopause	627.2	<input type="checkbox"/> Hypometabolism	780.9	<b>Female:</b>	
<input type="checkbox"/> Pituitary Disorders	253.4	<input type="checkbox"/> Immunity Deficiency Unspecific	279.3	<input type="checkbox"/> Amenorrhea/Ovarian Dysfunction	626.0
<b>Circulatory:</b>		<input type="checkbox"/> Insomnia	780.5	<input type="checkbox"/> Endometriosis	617.0
<input type="checkbox"/> Coronary Atherosclerosis	414.0	<input type="checkbox"/> Myalgia and Myositis, Unspec.	729.1	<input type="checkbox"/> Hyperestrogen	256.0
<input type="checkbox"/> Essential Hypertension Benign	401.1	<input type="checkbox"/> Obesity	278.0	<input type="checkbox"/> Menopause	627.2
<input type="checkbox"/> Essential Hypertension Unspec.	401.0	<input type="checkbox"/> Other Abnormal Clinical Findings	796.4	<input type="checkbox"/> Post Menopausal Disorder	627.9
<input type="checkbox"/> Hypercholesterolemia	272.0	<input type="checkbox"/> Other Nutritional Deficiency	269.8	<input type="checkbox"/> Premenstrual Tension	625.4
<input type="checkbox"/> Palpitations	785.0	<b>CNS:</b>		<b>Male:</b>	
<b>General:</b>		<input type="checkbox"/> Anxiety State	300.0	<input type="checkbox"/> Testicular hypofunction	257.2
<input type="checkbox"/> Abnormal Weight Gain	783.1	<input type="checkbox"/> Depression	311.0		
<input type="checkbox"/> Abnormal Weight Loss	783.2	<input type="checkbox"/> Depressive Disorder	311.0		
<input type="checkbox"/> Allergic Rhinitis	477.9	<input type="checkbox"/> Headache	284.0		
<input type="checkbox"/> Allergy, Unspecific	995.3	<input type="checkbox"/> Insomnia	780.5		

Other:

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the above signed physician to release any information necessary to process this claim

Signature \_\_\_\_\_ Date: \_\_\_\_\_

I CERTIFY ALL SERVICES ABOVE HAVE BEEN RENDERED BY ME.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN VISIT

\_\_\_\_ DAYS

\_\_\_\_ WKS

\_\_\_\_ MONTHS

Cash  Credit Card

Check Check # \_\_\_\_\_

\$

Today's Charge

\$

Payment