

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_ Provider: \_\_\_\_\_

DOB: \_\_\_\_\_ MR#: \_\_\_\_\_ Reason: \_\_\_\_\_

Patient Signature: X \_\_\_\_\_

PRIMARY VISIT - CHECK ONLY ONE		INDIVIDUAL VISIT COMPONENTS		CONTROL MENU
<b>OV NEW PATIENT</b>	<b>OB/GYN GLOBAL PKG.</b>	<b>IMMUNIZATION ADMINISTRATION</b>	<b>OB / GYN SUPPLIES</b>	
Minimum 99201	Prenatal Education A9401	One Vaccine Inject 90471	Birth Control Pills S4993	ENTER KEY
Brief 99202	Antepartum Visit A9425	Each Additional Inject 90472	DepoProvera J1055	
Limited 99203	Postpartum Visit A9430	One Vaccine Oral 90473	Female Condom Each A4268	TAB KEY
Intermediate 99204	Delivery Norm. Pkg 59400	Each Additional Oral 90474	IUD Device (Prog.) S4989	
Comprehensive 99205	Delivery Ces. Pkg 59510		Male Condom Each S4268	CANCEL & CLOSE
Baby Newborn 99432		<b>VACCINE PRODUCTS</b>	Mirena IUD J7302	
<b>OV ESTABLISHED PATIENT</b>	<b>OB / GYN PROCEDURES</b>	DTaP 90700	<b>MAMMOGRAPHY</b>	
Minimum 99211	Antepartum < 7 Visits 59425	Flu 6-35 Mo. 90657	Pelvic and Breast Exam G0101	Enc Info - F11
Brief 99212	Antepartum 7+ Visits 59426	Flu 35+ Mo. 90658	CAD Image 77052-26	
Limited 99213	Delivery Only Norm. 59409	Hep A 90633	CAD Image 77052-TC	Charge Info - F12
Intermediate 99214	Delivery Only Ces. 59514	Hep B, Child 90744	Screening Unit Prof G0202-52-26	
Comprehensive 99215	Endometrial Biopsy 58100	Hep B, Adult 90746	Screening Unit Tech G0202-52-TC	GO TO NOTE
<b>PREVENTIVE SERVICES-NEW</b>	Insertion of Pessary 57160	HIB 90648	Screening Bil Prof G0202-26	
Under 1 Yr. 99381	IUD Insertion 58300	HPV 90649	Screening Bil Tech G0202-TC	LOOKUP DX
1-4 99382	IUD Removal 58301	IPV 90713		
5-11 99383	Nonstress Test 59025	Meningococcal 90734	<b>BONE DENSITOMETRY</b>	LOOKUP Proceed.
12-17 99384	Postpartum Nonglobal 59430	MMR 90707	DEXA, Axial Prof 77080-26	
18-39 99385	Ultrasound 76818	MMRV 90710	DEXA, Axial Tech 77080-TC	TOGGLE DX#1
40-64 99386		PCV7 <5yrs 90669	DEXA, Peri Prof 77081-26	TOGGLE DX#2
65+ 99387	<b>FAMILY PLANNING</b>	PCV23 Adults 90732	DEXA, Peri Tech 77081-TC	TOGGLE DX#3
<b>PREVENTIVE SERVICES-ESTAB.</b>	Gen 15 Min A0015	Pediarix 90723		TOGGLE DX#4
Under 1Yr. 99391	Gen 30 Min A0030	Rotavirus 90680	<b>ON-SITE LABS</b>	
1-4 99392	Gen 45 Min A0045	Td 90718	Blood Glucose 82948	ADD / UPDATE
5-11 99393	Gen 60 Min A0060	TdaP 90715	Feces Screening 82270	
12-17 99394	<b>CASE MANAGEMENT</b>	Varicella 90716	Hematocrit 85013	SAVE - F4
18-39 99395	Case Mngmt. 15 Min 99371	<b>INJECTIONS</b>	Infct Antigen 87449	
40-64 99396	Case Mngmt. 30 Min 99372	Injection 90772	Urinalysis Non-Auto 81002	ADD / UPDATE
65+ 99397	Case Mngmt. 60 Min 99373	Ceftriaxone J0696	Urine Pregnancy 81025	SAVE - F4
<b>INDIVIDUAL COUNSELING</b>	<b>SOCIAL SERVICES</b>	Specify Drug: _____ Dose _____	Notes & Comments	
Gen 15 Min 99401	Insurance Elig EA111	<b>GENERAL PROCEDURES</b>		ADD / UPDATE and SAVE - F4
Gen 30 Min 99402	PCC Enrollment EA112	Ear Irrigation 69210	<b>Copayment</b>	
Gen 45 Min 99403	Billing Assist EA113	EKG 93000	Cash CC Chk# _____ Paid	
Gen 60 Min 99404	Center Care App EA181	Nebulizer 94642	Copayment Due	
<b>CONSULTATIONS</b>	Food Stamp App EA182	PPD Test 86580	Today's Charge	
Office-Problem Focused 99241	Free Care App EA183	Pure Tone Audiometry 92551	Cash CC Chk# _____ Paid	
Office-Expanded 99242	Masshealth App EA184	Titmus Vision Test 99173	Balance Due	
Office-Low Complex 99243	Masshealth Review EA185			
Office-Moderate Complex 99244	Masshealth Update EA186			
Office-High Complex 99245	Project Bread App EA187			
<b>LAB / IMM / FOLLOW UP ONLY</b>	Medicare Assistance EA190			
Lab Follow-up Only 90000	Other App EA189			
PPD Follow-up Only 90001	BIDMC Free Care App B1112			
Immunization Visit Only 90002				

Follow-Up \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months  
 Phys Exam  
 Well Child Time \_\_\_\_\_

Provider Signature: \_\_\_\_\_  
 X \_\_\_\_\_

**AFTER HOURS**  
 Care M-F After 5pm or Saturday / Sunday 99051

SOUTHCOVE COMMUNITY HEALTH CENTER

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MR#: \_\_\_\_\_

Chief complaint:

History of present illness:

Vitals: Temp:

Weight:

HR:

BP:

Pain score:

Physical examination:

Assessment/Plan:

Follow up:

Provider name:

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