DATE:

PATIENT NAME AND ADDRESS:

BIRTH DATE:

HOME PHONE: ( ) - WORK PHONE: ( ) -

SHIFRIN PEDIATRICS
145 KILL ROAD • KINGSTON, NEW YORK 12401
TEL: (845) 360-1760 • FAX: (845) 360-9258

PETER O'CONNOR M.D.
TAX ID # 19-1817346

	Admission Date	Discharge Date	PATIENT BALANCE	INSURANCE BALANCE	OTHER BALANCE	TOTAL BALANCE
☐ Hospital Bed Patient ☐ Hospital Reg. Outpatient ☐ Phy. or Prov. Office	☐ ☐					

WELL PATIENT EXAM	NEW	EST.	FEE
☐ 0-1 Years	99381	99391	
☐ 1-4 Years	99382	99392	
☐ 5-11 Years	99383	99393	
☐ 12-17 Years	99384	99394	
☐ 18 Plus Years	99385	99395	
☐ Sports Phys/Consult		99242	

ILLNESS OFFICE VISIT	NEW	EST.	FEE
☐ LEVEL 1	99201	99211	
☐ LEVEL 2	99202	99212	
☐ LEVEL 3	99203	99213	
☐ LEVEL 4	99204	99214	
☐ LEVEL 5	99205	99215	
☐ 99243 Consultation/pre-op			
☐ 99050 Exam After Hours			
☐ 99054 Exam After Hours (Sunday/Holidays)			
☐ 99058 Emergency Service			
☐ 99075 Home Care Monitoring			

CPT	IMMUNIZATION / INJECTION	FEE
☐ 90700	Acellular DPT	
☐ 90718	DT	
☐ 90744	Hepatitis B	
☐ 90633	Hepatitis A	
☐ 90645	HIB	
☐ 90580	Mantoux (PPD)	
☐ 90733	Meningococcal	
☐		
☐		
☐		
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☐		

CPT	IMMUNIZATION / INJECTION	FEE
☐ 90707	MMR	
☐ 90669	Prevnar	
☐ 90713	IPV	
☐ 90716	Varivax	
☐ 90748	Hib/Hep B (Comvax)	
☐ 95117	Allergy	
☐ 90788	Antibiotic Injection	
☐ J0696	Rocephin Injection	
☐ 90658/90657	Flu Shot	
☐ 90782	Therapeutic Inj.	
☐ 90471/90472	Immuniz. Adm.	
☐		
☐		

CPT	LABORATORY SERVICES	FEE
☐ 81000	Urine	
☐ 87081	Urine Culture	
☐ 85018	Hb	
☐ 88300	Mono Test	
☐ 87060	Throat/Nose Culture	
☐ 86403	Rapid Strep	
☐ 82465	Cholesterol	
☐ 83655	Lead Screen/Handling Fee	
☐ 36415	Blood Draw	
☐ 95116	Allergy Injection	
☐ 95117	Allergy Injection, 2 or More	
☐ 84703	Pregnancy Test	
☐		
☐		
☐		

MEDICATIONS

CPT	IMMUNIZATION / INJECTION	FEE
☐ 10060	*Incision & Drainage	
☐ 120__	*Office Surgery-Laceration Repair	
☐ 24640	Reduction Radial Head	
☐ 16020	*Burn Treatment & Dressing	
☐ 17250	*Cauterization	
☐ 17000	*Wart Destruction	
☐ 17003	Subsequent Warts	
☐ 69210	Cerumen Removal	
☐ 94780	IV Therapy	
☐ 94760	O_2 SAT.	
☐ 92551	Audiometry	
☐ 92567	Tympanometry	
☐ 99173	Vision Screen	
☐ 94664/94665	Nebulization	
☐ 51000	Urine Catheterization	
☐ 10120	*Removal FB Skin	
☐ _____	FX Care	
☐ 29130	Finger Splint	
☐ 11300	Shaving of Epidermal Lesion	
☐ 11740	Evac. Subungual Hematoma	
☐		
☐		

LACERATIONS

☐ LAC 1 Supplies and Surgical Tray
☐ 17999 Suture Removal
☐ SITE _____ (ICD-9_____)

Linear Repair - Simple - One Layer Closure

Scalp, Neck, Extremities, Etc.
☐ 12001 Up to 2.5 cm ☐ 12002 2.5 to 7.5 cm
Face, Ears, Eyelids, Nose, Lips or Mucous Membrane
☐ 12001 Up to 2.5 cm ☐ 12014 5.0 to 7.5 cm
☐ 12013 2.5 to 5.0 cm

DIAGNOSIS

☐ 789.0	Abdominal Pain	☐	Contusion	☐ 272.0	Hypercholesterol	☐ 381.01	Serous Otitis
☐ 783.4	Abnormal Development	☐ 918.1	Corneal Abrasion	☐ 380.4	Impacted Cerumen	☐ 786.05	Shortness of Breath
☐ 682.9	Abscess/Cellulitis	☐ 786.2	Cough	☐ 684	Impetigo	☐ 461.9	Sinusitis
☐ 706.1	Acne	☐ 079.2	Coxsackie Virus	☐ 919.4	Insect Bite	☐ V70.3	Sports Physical
☐ 314.00	ADD	☐ 464.4	Croup	☐ 564.1	Irritable Bowel syndrome	☐	Sprain/Strain
☐ 289.3	Adenitis	☐ 375.56	Dacryostenosis	☐ 879.8	Laceration	☐ 493.01	Status Asthmaticus
☐ 995.3	Allergic Reaction	☐ 691.0	Diaper Dermatitis	☐ 785.6	Lymphadenopathy	☐ 034.0	Strep Throat
☐ 477.9	Allergic Rhinitis	☐ 832.00	Dislocated Radial Head	☐ 780.79	Malaise	☐ 780.2	Syncope
☐ 285.9	Anemia	☐ 788.1	Dysuria	☐ 271.3	Milk intolerance	☐ 727.00	Synovitis
☐ 783.0	Anorexia	☐ 307.6	Enuresis	☐ 075	Mononucleosis	☐ 786.06	Tachypnea
☐ 786.03	Apnea	☐ 530.81	Esophageal Reflux	☐ V30.0	Normal Newborn	☐ 520.7	Teething
☐ 691.8	Atopic Dermatitis / Eczema	☐ 780.31	Febrile Seizure	☐ 278.0	Obesity	☐ 784.1	Throat Pain
☐ 493.0	Asthma	☐ 783.3	Feeding Problem	☐ 388.70	Otalgia	☐ 112.0	Thrush
☐ 493.12	Asthma Acute Exacerbation	☐ 780.6	Fever	☐ 382.9	Otitis Chronic	☐ 463	Tonsillitis
☐ 724.5	Back Pain	☐ 057.0	Fifth Disease	☐ 380.10	Otitis Externa	☐ 701.5	Umbilical Granuloma
☐ 312.9	Behavior Disturbance	☐ 535.5	Gastritis	☐ 382.00	Otitis Media	☐ 465.9	Upper Respiratory Infection
☐ 466.19	Bronchiolitis	☐ 558.9	Gastroenteritis	☐ 462	Pharyngitis	☐ 788.41	Urinary Frequency
☐ 466.0	Bronchitis	☐ 784.0	Headache	☐ 486	Pneumonia	☐ 599.0	Urinary Tract Infection
☐ 949.0	Burn	☐ 959.01	Head Trauma	☐ 786.09	Respiratory Distress	☐ 708.0	Urticaria
☐ 786.50	Chest Pain	☐ 785.2	Heart Murmur	☐ 472.0	Rhinitis	☐ 616.10	Vaginitis
☐ 789.07	Colic	☐ 599.7	Hematuria	☐ 057.8	Roseola	☐ 593.70	Vesicoureteral Reflux
☐ 850.0	Concussion	☐ 553.9	Hernia	☐ V20.2	Routine Well Child Care	☐ 057.9	Viral Exanthem
☐ 746.9	Congenital Heart Disease	☐ 603.9	Hydrocele	☐ 737.30	Scoliosis	☐ 079.99	Viral Illness
☐ 372.30	Conjunctivitis	☐ 466	Hyperactive Airway	☐ 690.10	Seborrheic Dermatitis	☐ 078.1	Warts
☐ 564.0	Constipation	☐ 774.6	Hyperbilirubinemia	☐ 780.39	Seizure Disorder	☐ 786.07	Wheezing
☐ 692.9	Contact Dermatitis	☐		☐		☐	
☐		☐		☐		☐	

Physician's statement: I certify that I personally rendered the above services and that the charges shown represent my usual charges.

Signature and Professional Degree_____ M.D. Date:_____

RETURN VISIT

_____DAYS_____WKS_____MONS

$ Today's Charge

$ Payment