DATE	FAMILY MEMBER	DESCRIPTION	CHARGES	PAYMENT / CREDITS	ADJ.	CURRENT BALANCE	PREVIOUS BALANCE	N A M E

THIS IS YOUR **RECEIPT** FOR THIS AMOUNT ☐ THIS IS A **STATEMENT** OF YOUR ACCOUNT TO DATE

YOUR DEALER NAME AND PHONE NUMBER

WSL-51-B-PL (05/04) SBZ-0001

EXAMINATION SERVICES

	New	Estab.	
☐ Brief	99201	99212	
☐ Limited	99202	99212	
☐ Intermediate	99002	99212	
☐ Comprehensive	99004	99212	
☐ Refraction		92015	

POST SURGICAL CARE

☐ Post-op Management	66984-55	
☐ Lasik Post-op	66999	

SPECIAL SERVICES

☐ Ophthalmoscopy Ext.	92225	
☐ Serial Tonometry	92100	
☐ Vision Therapy	92065	
☐ Visual Field - Limited (Central)	92081	
☐ Visual Field - Inter.(Peripheral)	92082	
☐ Visual Field - Extended (Threshold)	92083	
☐ _____	_____	

CONTACT LENSES/SERVICES

☐ Contact Lens Fitting	92310	
☐ Supply of Contact Lens	92391	
☐ Replacement of C.L. OD/OS/OU	92326	
☐ Contact Lenses		
☐ Other _____		

Vis. Acuity 20/70 or better with conventional glasses ☐ yes ☐ no

DIAGNOSIS ICD-9

GENERAL
- ☐ Asthenopia 368.13
- ☐ Blurred Vision, NOS 368.8
- ☐ Dacryocystitis, Unspecified 375.30
- ☐ Diabetes w/ocular involvement, Adult 250.50
- ☐ Diabetes w/ocular involvement, Juvenile 250.51
- ☐ Dizziness 780.4
- ☐ Dry Eye Syndrome 375.15
- ☐ Epiphora, Unspecified 375.20
- ☐ Eye Pain 379.91
- ☐ Headache NOS 784.0
- ☐ Hypertension, Unspecified 401.9
- ☐ Migraine headache, unspecified 346.9
- ☐ Photophobia 368.13

VISION
- ☐ Accommodation, Spasm of 367.53
- ☐ Amblyopia, Unspecified 368.00
- ☐ Astigmatism, Regular 367.21
- ☐ Convergence Excess 378.84
- ☐ Convergence Insufficiency 378.83
- ☐ Diplopia 368.2
- ☐ Esotropia, Unspecified 378.00
- ☐ Exotropia, Unspecified 378.10
- ☐ Hyperopia 367.0
- ☐ Hypertropia 378.31
- ☐ Myopia 367.1
- ☐ Nystagmus, Unspecified 379.50
- ☐ Presbyopia 367.4

EYELIDS
- ☐ Blepharitis, Unspecified 373.00
- ☐ Blepharospasm 333.81
- ☐ Chalazion 373.2
- ☐ Cysts of Eyelid 374.84
- ☐ Ectropion, Unspecified 374.10
- ☐ Entropion, Unspecified 374.00
- ☐ Hordeolum, Externum (Stye) 373.11
- ☐ Hordeolum, Internum (Meibomitis) 373.12
- ☐ Ptosis, Unspecified 374.30
- ☐ Trichiasis 374.05

CONJUNCTIVA
- ☐ Abrasion, Conjunctival 918.2
- ☐ Acute conjunctivitis, Unspecified 372.00
- ☐ Blepharoconjunctivitis, Unspecified 372.20
- ☐ Chronic Conjunctivitis, Vernal 372.13
- ☐ Chronic Conjunctivitis, Unspecified 372.10
- ☐ Foreign body, Conjunctival 930.1
- ☐ Hemorrhage, Conjunctival 372.72
- ☐ Pinguecula 372.51
- ☐ Pterygium, Unspecified 372.40
- ☐ Viral Conjunctivitis, Unspecified 077.9

CORNEA
- ☐ Abrasion, Corneal 918.1
- ☐ Corneal Degeneration, Unspecified 371.40
- ☐ Corneal Opacity, Unspecified 371.00
- ☐ Edema - Contact Lens related 371.24
- ☐ Endothelial Dystrophy (Fuch's) 371.57
- ☐ Foreign body, Corneal 930.0
- ☐ Keratitis, Interstitial, Unspecified 370.50
- ☐ Keratoconjunctivitis Sicca 370.33
- ☐ Keratoconus, Unspecified 371.60
- ☐ Krukenberg Spindle 371.13
- ☐ Neovascularization, Unspecified 370.60
- ☐ Recurrent Corneal Erosion 371.42
- ☐ Superficial Keratitis, Punctate 370.21
- ☐ Ulcer, Corneal, Unspecified 370.00

ANTERIOR CHAMBER
- ☐ Anisocoria 379.41
- ☐ Glaucoma, Open Angle, Unspecified 365.10
- ☐ Glaucoma, angle closure, Unspecified 365.20
- ☐ Glaucoma, Low Tension 365.12
- ☐ Glaucoma, Pigmentary 365.13
- ☐ Glaucoma, Primary open-angle 365.11
- ☐ Hyphema 364.41
- ☐ Hypopyon 364.05
- ☐ Iritis, Iridocyclitis, Unspecified 364.3
- ☐ Ocular Hypertension 365.04
- ☐ Rubeosis Iridis 364.42
- ☐ Synechiae, Anterior 364.72
- ☐ Synechiae, Posterior 364.71

LENS
- ☐ Anterior Subcapsular Polar Cataract 366.13
- ☐ Aphakia 379.31
- ☐ Cortical Senile Cataract 366.15
- ☐ Dislocation of IOL implant 379.39
- ☐ Nonsenile cataract, Unspecified 366.00
- ☐ Nuclear Sclerosis 366.16
- ☐ Posterior Subcapsular Polar Cataract 366.14
- ☐ Senile Cataract, Unspec 366.10

OPTIC NERVE
- ☐ Drusen of Optic Disk 377.21
- ☐ Optic Atrophy, Glaucomatous 377.14
- ☐ Optic Atrophy, Unspecified 377.10
- ☐ Optic Neuritis, Unspecified 377.30
- ☐ Papilledema, Unspecified 377.00

VITREOUS
- ☐ Degeneration or Detachment 379.21
- ☐ Floaters 379.24
- ☐ Hemorrhage 379.23

RETINA
- ☐ Atherosclerotic Retinopathy 362.13
- ☐ Chorioretinal Scar, Unspecified 363.30
- ☐ Cystoid Macular Degeneration 362.53
- ☐ Detachment/Tear, Unspecified 361.00
- ☐ *Diabetic Retinopathy, Background 362.01
- ☐ *Diabetic Retinopathy, Proliferative 362.02
- ☐ Dry Senile Macular Degeneration 362.51
- ☐ Drusen (Degenerative) 362.57
- ☐ Exudative Senile Macular Degeneration 362.52
- ☐ Hypertensive Retinopathy 362.11
- ☐ Lattice Degeneration 362.63
- ☐ Macular Cyst or Hole 362.54
- ☐ Peripheral Retinal Degeneration, Unspec 362.60
- ☐ Senile Macular Degeneration, Unspec 362.50
- ☐ Unspecified Retinal Disorder 362.9
- ☐ Retinal Detachment, Unspecified 361.9
- ☐ Retinal Defect, Unspecified 361.30
- ☐ Retinal Exudates & Deposits 362.82
- ☐ Retinal Microaneurysms, NOS 362.14
- ☐ Retinal Neovascularization, NOS 362.16

VISUAL FIELD DEFECTS
- ☐ Central Area Scotoma 368.41
- ☐ Sector or Arcuate Defects 368.43
- ☐ Visual Field Defect, Unspecified 368.40

PATIENT'S ADDRESS (street, city, state, ZIP code)

PATIENT'S DATE OF BIRTH

PATIENT'S SEX ☐ Male ☐ Female

INSURANCE COMPANY

INSURED'S NAME (first, middle initial, last)

INSURED'S GROUP NO.

INSURED'S I.D. NO.

PATIENT'S RELATIONSHIP TO INSURED ☐ Self ☐ Spouse ☐ Child ☐ Other

YOUR TOTAL VISION CLINIC
123 SUPERBILL WAY
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