

Tax ID #00000000
NPI #0000000000
Medicare Group: 00000
Medicaid Group: 000000000

Your Name
Address
 1100 Beach Street
 My Town, USA 99999
 Tel:(999) 222-2222 Fax (999) 222-2223

Date: <appointment_date>
Location: <appointment_location>
Provider: <appointment_provider_name>

Patient No: <guarantor_id>
Patient: <first_name> <last_name>
Dob: <dob>
Address: <address1>
 <city>, <state> <zip_code>

Prim Insur: <plan_name_primary>
Sec Insur: <plan_name_secondary>
Copay: <co_pay_primary>
Patient Due: <patient_balance>

ICDA: <last_diagnosis1>
 <last_diagnosis2>

Phone no: <phone>
Remarks: <remarks>

P Last Visit: <last_visit_date>

DIAGNOSIS:							
682.7	ABCESS CELLULITUS	782.3	EDEMA	703.0	ONYCHOCRYPTIOSIS	726.72	TENDONITIS, TIB
440.21	ARTERIOSCLEROSIS	719.07	EFFUSION, JOINT	110.1	ONYCHOMYCOSIS	727.06	TENOSYNOVITIS
716.9	ARTHRITIS, DEGEN	726.91	EXOSTOSIS	730.07	OSTEOMYELITIS, ACUTE	110.4	TINEA PEDIS
715.17	ARTHRITIS, OSTEO	729.1	FIBROMYALGIA	719.47	PAIN IN JOINT	213.8	TUMOR FOOT
714.0	ARTHRITIS, RHEUM	709.8	FISSURED HEELS	729.5	PAIN IN FOOT, TOE	215.3	TUMOR LEG
286.9	ANTICOAGULANT THERAPY	729.6	FOREIGN BODY	681.11	PARONYCHEA	216.7	TUMOR SKIN
989.5	BITE-INSECT VENOMOUS	825.20	FRACTURE, FOOT	356.9	PERIPH, NEUR.	700	TYLOMA (PAINFUL)
709.8	BLISTER	825.25	FRACTURE, TOE	736.73	PES CAVUS (PAINFUL)	707.1	ULCER
727.1	BUNION DEFORMITY	781.2	GAIT ABNORMAL	734	PES PLANUS (PAINFUL)	707.12	ULCER CALF
727.06	BURSITIS, FOOT	727.43	GANGLION	451	PHLEBITIS	707.13	ULCER ANKLE _____
732.5	CALCANEAL APOPHYSTUS	274.0	GOUT	729.4	PLANTAR FASCITIS	707.14	ULCER MIDFOOT/HEEL
726.90	CAPSULITIS/TENDONITIS	732.5	HAGLUNDS DEFRM	726.73	PLANTAR HEEL SPUR/CALCANEAL	707.15	ULCER OTHER PART
924.3	CONTUSION/HEMATOMA, TOE	735.2	HALLUS RIGIDUS	736.70	PLANTAR FLEXED MFT	454.9	VARICOSE VEINS
924.23	CONTUSION/HEMATOMA, FOOT	735.0	HALLUX VALGUS	757.39	POROKERATOTIC LESION	459.9	VASCULAR INSUFFICIENCY
924.21	CONTUSION/HEMATOMA, ANKL	735.4	HAMMER TOE	736.79	PRONATION	078.10	VERRUCA
718.47	CONT, OF JOINT	686.9	INFECTION, SKIN	696.1	PSORIASIS	078.19	VERRUCA PLANA
998.3	DEHISCENCE, POST-OP WND	959.7	INJURY	782.1	RASH	892.0	WOUND FOOT
692.9	DERMATITIS	736.81	LEG LENGTH	733.99	SESAMOIDITIS	892.1	COMP WOUND
250.71	DIABETIC ANGIOPATHY	726.70	METATARSALGIA	845.00	SPRAIN, ANKLE	706.8	XEROSIS
250.61	DIABETIC W/NEUROPATHY	355.6	MORTS NEUROMA	845.10	SPRAIN, FOOT	893.1	WOUND, TOE
716.97	ARTHRITIS	250.6	NEURO ULCER	727.00	SYNOVITIS, UNSPEC		
p	DISC TOE/JPJ/CLS	703.8	ONYCHAUXIS	726.71	TENDONITIS, ACHILLES		

* ALT DIAGNOSIS _____

TREATMENTS:							
VISITS:		INJECTIONS:		SOFT TISSUE SURGERY		BONE SURGERY	
___	99202 NEW PT	___	20550 INJ. TRIGGER PNT	___	11040 DEBR SKIN PT THK	___	28290 SILVER BUNION
___	99203 NEW PT COMP	___	20600 INJ. GANGLN CYST	___	11041 DEBR SKIN FUL THICK	___	28292 KELLER, MCBRIDE
___	99211 EST. BRIEF	___	64450 NERVE BLK, PERIP	___	11042 ULCER SUBQ TISSUE	___	28293 KELLER W/IMPLT
___	99212 EST. OPER.	___	20605 INJ. JOINT/BURSA	___	11420 EXCDENKES TO 0.5 CM	___	28296 AUSTIN/REVEROIN
___	99213 EST. EXTEN	___	J1095 DEXAMETHASONE	___	11422 EXCDENKES 1.1-2.0 CM	___	28298 AKIN BUNION
___	99342 HC NEW INT	___	J1100 DEXATSODPHOS, 2	___	11424 EXCDENKES 3.1-4.0 CM	___	28306 OSTECT 1 ST MET
___	99347 HC EST. BRIEF	___	J0704 DEXATSODPHOS, 4	___	28090 EXC OF GANGL FOOT	___	28308 OSTEO 2-5 MET
___	99348 HC EST. INT.	___	64640 ALCOHOL INJ	___	28232 TENOTOMY OPN FLEX	___	28124 EXOSECTOMY
___	NC NO CHR G VST	___	<u>INCISION & DRAINAGE:</u>	___	28234 TENOTOMY OPEN EXT	___	28285 HAMMERTOE
___	OC ORTHO CK N/C	___	10060 I & D ABCESS SIM	___	28080 EXCISION NEUROMA	___	20650 INSERT PIN/SCRW
___	POV P.O. VISIT N/C	___	10061 I & D ABCESS COM	___	17110 DEST. OF WART >14	___	
___	PRE PRE-SURGICL	___	10120 SIMPLE I&D FOREG	___	17111 DEST OF WART +15	___	28270 CONTRACT MPJ
___	99243 2 ND OPINION	___		___	27603 I&D LEG OR ANKLE	___	
		___	<u>NAIL PROCEDURES:</u>	___	28043 EXC TUMOR SUBCUT	___	28272 CONTRACT IPJ
	<u>ROUTINE CARE</u>	___	11001 DEBRID SKIN +10%	___	28045 EXC TUMOR DEEP	___	
___	11055 SINGLE LESION	___	11720 NL DEBR GRND 1-5	___	11100 BIOPSY	___	<u>MISC:</u>
___	11056 2-4 LESION	___	11721 NL DEB GRND 6-10	___	11000 DEBRID INFECT TIS	___	990708 BIO FREEZE
___	11057 4+ LESION	___	11730 AVLSION NL PL-PRT	___		___	___TUBE ___ROLL ON
___	11719 NON DYST	___	11731 2 ND NL AVULSION	___	<u>CASTING:</u>	___	99070F FOOT MIRACLE
___	G0127 DYST NAIL	___	11750 EXC NL MATRIX-PRT	___	___	___	99070I PRO INNERSOLES
___	GA MODIFIER	___		___	29540 ANKLE STRAPPING	___	99070M MISC.
___	Q7 ___Q8 ___Q9 ___	___	<u>ORTHOTICS:</u>	___	29550 STRAPPING TOE	___	99070P POST-OP KIT
___	A9160 NON COVERED	___	L3000 ORTHOTICS	___	29580 UNNA BOOT	___	99070S SURGICAL SHOE
		___	97504 ORTHOTICS FITNG	___		___	99070T TINCTURE
	<u>MODIFIERS</u>	___	L3002 PLASTAZOTES	___	<u>FRACTURE:</u>	___	99070T TINCTURE
LT 1	2 3 4 5	___	A5500 KX SHOES	___	28470 CLS MET FX/ NO MN.	___	A6212 POLYMEM A___
TA T1	T2 T3 T4	___	A5511 KX ORTHOTICS	___	28510 CLS FX PHL 2-5 W/O	___	A6231 AMERIGEL A___
RT 1	2 3 4 5	___		___	28515 CLS FX PHAL 2-5 W	___	
T5	T6 T7 T8 T9	___	<u>PHYSICAL THERAPY</u>	___	<u>X-RAYS</u>	___	FAMILY PHY: _____
		___	97001 INITIAL PT EVAL	___	73600 X-R ANKL 2V	___	LAST SEEN: _____
CHARGES _____		___	97002 PT REEVAL STIM	___	73610 X-R ANKL 3 V	___	
		___	97035 ULTRASOUND	___	73620 X-R FT 2 V	___	
PAYMENTS _____		___	G0283 ELEC MUSCLSTIM	___	73630 X-R FT 3 V	___	NEXT APPT: _____ DAYS / WEEKS
		___		___		___	MTHS / PRN
CHECK _____ CASH _____		___	VISA MC AM EXP	___		___	