

1st VISIT	APPT TIME	TIME IN	PROVIDER TIME	TIME OUT
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OFFICE VISITS/Comp/MVA	INJECTABLES	IMMUNIZATIONS Cont.	NEXT VISIT:	SURGERY w/length Cont.	SUPPLIES Cont.
Established Patient	B-12 J3420	Pneumovax-Mcare 90732.1			
Minimal 99211	Benadryl J1200	V03.82		Intermediate Repair	Arm Env. Sling A4565
Brief 99212	Interferon J9213	Prevnar 90669		Scalp, Trunk	Chest/Rib Belt L0210
Limited 99213	Celestone J0702	Prevnar-VFC 90669.2	< or = to 7.5 OR		Clavicular Strap 99070.6
Intermediate 99214	Decadron J1100	V06.6		Neck, Hands, Feet	Dressing Tray 99070.13
Comprehensive 99215	Depo Provera J1055	TD 90718	< or = to 7.5 OR		Donjoy Spl/Supp. L1820
New Patient	Epinephrine J0170	TD-Adult 90718.3		Face, Ears	Ear/Eye Tray A4550.1
Brief 99201	Iron Dextran 2ml/Inferon J1750	TD-VFC 90718.2	< or = to 7.5 OR		Frog/Bsball Spl. 99070.9
Limited 99202	TB-Intraderm 86580	V06.5		Complex Repair	Instant Ice Pack 99070.5
Intermediate 99203	V74.1	Varicella 90716		Area:	IV-Set Up 99070.10
Extended 99204	IMMUNIZATIONS	Varicella-VFC 90716.2		Length:	Leather Wrist Spl. L3800
Comprehensive 99205	DTaP 90700	V05.4		OTHER PROCEDURES	Oxygen Mask A4620
Other	DTaP-VFC 90700.2			Biopsy, Single 11100	Peak Flow Meter S8096
Emer OV 99058	V06.1	BURNS		Biopsy, Each Add'l 11101	Soft Cervical Collar L0120
PREVENTIVE	DTap/HepB/IPV/Pediarix 90723	Degree:		Cerumen Removal 69210	Surgical Set-up A4550
Established Patient	DTap/HepB/IPV-VFC/Pediarix 90723.2	Site:		F.B. Ear 69200	LABORATORY
Under 1yr. 99391	V06.8	Initial Burn 16000		F.B. Eye-Conj. 65205	Blood Draw 36415
1-4yrs. 99392	Gardasil 90649	Small Area 16020		F.B. Eye-Corneal 65220	Flu Test 87804
5-11yrs. 99393	Gardasil -VFC 90649.2	Medium Area 16025		I&D, Simple/Single 10060	Glucose (Blood) 82962
12-17yrs. 99394	V04.89	Large Area 16030		I&D, Comp./Mult. 10061	Hematocrit 85014
18-39yrs. 99395	Hep A 90634	DESTRUCTION		Inc/Rem. or F.B. 10120	Micral 82044
40-64yrs. 99396	Hep A - VFC 90634.2	Benign or Premalignant/Warts		Skin Debridement 11040	Occult, Home 82270
65 & Over 99397	V05.3	1st Lesion 17000		Skin Tags, 1-15 11200	Occult, Office 82270
New Patient	HepB 90744	2nd-14 17003		Skin Tags, add'l 10 11201	Pregnancy Test 81025
Under 1yr. 99381	HepB-VFC 90744.2	15 or More 17004		MISCELLANEOUS	Rapid Strep 87880
1-4yrs. 99382	V05.3	Malignant w/dm (172xx)		Aftercare 99024	Urine Lab Stick 81002
5-11yrs. 99383	HIB 90647	Face, Ears		Audiometry 92552	VASECTOMY
12-17yrs. 99384	HIB-VFC 90647.2	< or = to .5 OR		EKG w/Reading 93000	Consult 99241
18-39yrs. 99385	V03.81	Scalp, Neck, Hands, Feet		EKG Test Only 93005	V26.52
40-64yrs. 99386	Hep/HIB Comvax 90748	< or = to .5 OR		EKG Peds 93000	Vasectomy 55250
65 & Over 99387	Hep/HIB-VFC Comvax 90748.2	Trunk, Arms, Legs		EKG Reading Only 93010	V25.2
Other	V06.8	EXCISION, LESIONS (11xxx)		IV Setup 99070.10	Aftercare 99024
Vaccine Adm. 90471	Influenza 90658	Face, Ears		Oximetry w/Exercise 94761	V26.2
Allergen Imm. Ther. 95115	Influenza-Mcare 90658.1	dm: _____		Peak Flow Measure 94200	Final Test 99213
Working Paper PE - 52	Influenza-VFC 90658.2	Scalp, Neck, Hands, Feet		Nebulizer 94640	V26.21
CONSULTATIONS	V04.81	dm: _____		Nebulizer, Repeat 94640-76	Notes & Comments:
Consult, SF 99241	IPV 90713	Ck of Benign		Spiro FVL 94375	
Consult, Expanded 99242	IPV-VFC 90713.2	Ck if Complicated (-22)		Spiro Pre/Post 94060	
Consult, LC 99243	V04.0	Ck of Malignant		Heart Monitor 93041	
Consult, MC 99244	MMR 90707	SURGERY w/length (120xx)		Tympanometry 92567	
Consult, HC 99245	MMR-VFC 90707.2	Simple Repair		SUPPLIES	
Knee Pain 719.46	MMRV Proquad 90710	Scalp, Trunk, Ext.		Ace Bdge 2-3" A6449	GROSS CHARGES:
Hip Pain 719.45	MMRV-VFC Proquad V06.4	< or = to 2.5 OR		Ace Bdge 4-6" A6450	\$
Cataract 366.13	Pneumovax 90732	Face, Ears		Air Cast Ankle L4350	ADJUSTMENTS:
		< or = to 2.5 OR		Air Cast Arm 99070.11	\$

Northern Oswego County Health Services
Pulaski Health Center
61 Delano St., Pulaski, NY 13142-1200

Health Center @ Sandy Creek School
Health Center @ Pulaski Jr / Sr High School
Health Center @ Lura Sharp Elementary

MEDICAL ENCOUNTER

2185FXL REV 122006

NET CHARGES:	\$
PAYMENTS:	\$
	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Cd <input type="checkbox"/> Check # _____

DATE LAST PAID	PREV PT BALANCE	TODAY'S CHARGE	DISCOUNT AMOUNT	AMOUNT DUE	AMOUNT PAID	BALANCE DUE
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