



HEALTH SERVICES FOUNDATION - TRAVELER'S CLINIC

MED REC #	DIV. NO. 5700	DIV. NAME DEPARTMENT OF MEDICINE				INVOICE NO.	MULT. SURG?
	PATIENT NAME	ADMIT DATE	DISCHARGE DATE		ACCOUNT #		
CASE	PROVIDER	FSC OVERRIDE	DISC TYPE	DISC %			
REFERRING PHYSICIAN		UPIN	INJURY DATE	ADJ. AMT.			
SVC. CTR.	RESIDENT	INJURY TIME	THRU DATE				
REFERRAL #	LMP	ONSET	TREATMENT TIME	INJURY TYPE			
BILLING AREA 231	LOCATION 203 Physician's Office	SERVICE DATE	AUTHORIZATION #				
	HOSPITAL 205 PCC 4th Floor	COMMERCIAL LAB					

OUTPATIENT VISITS

	CPT	Mod	Description	Full Fee (group)	Disc. Fee (group)	Full Fee (1 Pt.)	Disc. Fee (1 Pt.)	
	PREVENTIVE MEDICINE SERVICES							
			New Patient - Initial comprehensive preventive evaluation					
	99385		Age 18 - 39 years	\$96	\$75	\$160	\$128	
	99386		Age 40 - 64 years	\$114	\$90	\$191	\$153	
	99387		Age 65 years and over	\$120	\$94	\$200	\$160	
			Established Patient - Periodic comprehensive preventive reevaluation					
	99395		Age 18 - 39 years	\$81	\$63	\$135	\$108	
	99396		Age 40 - 64 years	\$90	\$70	\$150	\$120	
	99398		Age 65 years and over	\$52	\$82	\$175	\$140	
	99211.02		Nurse Visit, Immunization Administration Only	\$0	\$0	\$0	\$0	

All fees paid on the date of service will be discounted.

Total Visit Amount

Amount Paid by Patient

Cash Check Credit Card

Remaining Patient Balance

Waiver on file

DIAGNOSIS CODE: Place number(s) in column to indicate priority. 1 Primary 2 Secondary

No.	Code	Description
	V70.9	Pre-Travel Counseling
	Other:	

INSTRUCTIONS/COMMENTS

DISCHARGE	<input type="checkbox"/> Home/Self Care (AHR) <input type="checkbox"/> Other Outpt Svc (ARC)	<input type="checkbox"/> Home Health (ARS) <input type="checkbox"/> Home IV Drug Tx (AHB)
DISPOSITION:	<input type="checkbox"/> Left Against Med Advice (AMA) <input type="checkbox"/> Admit UVA (ATF)	<input type="checkbox"/> Admit Other Institution (ATF)
	<input type="checkbox"/> Nursing Home (ATI) <input type="checkbox"/> Expired in Clinic (D7Z)	

RESIDENT/FELLOW SIGNATURE	ATTENDING SIGNATURE	SEEN BY <input type="checkbox"/> Attending Only <input type="checkbox"/> Attend w/ resident/fellow (GC) <input type="checkbox"/> Resident/fellow only
	<input type="checkbox"/> Exception	