



FINAL EXAM—PART 3: ENCOUNTER FORM FOR AMANDA TREE

Dr. Sarah Duncan
1414 Swallow Street
Yourtown, Co. 80000

Form containing patient information (Acct. # 9143, Patient name: Amanda Tree, Responsible party: Sandy Tree), a table of services with Description, CPT, and Fee columns, an ICD-9-CM Diagnostic Codes table, and a summary section for Surgery, Hospital, and Physician's signature.

I authorize the release of any information including diagnosis and treatment. I authorize my insurance carrier to pay directly to the doctor any benefits otherwise payable to me.

Sandy Tree
Signature of patient (or parent of minor child)



FINAL EXAM—PART 3: ENCOUNTER FORM FOR KAREN MORGANSTERN

**Dr. Sarah Duncan
1414 Swallow Street
Yourtown, Co. 80000**

						Date of Service:		
						01	25	XX
Acct. #		Patient name:			Responsible party:			
9003		Karen Morganstern			Same			
	Description	CPT	Fee		Description	CPT	Fee	
	Office or other outpatient service				Therapy			
	New patient level 1	99201			Exercises	97110		
	New patient level 2	99202			Gait Training	97116		
	New patient level 3	99203						
	New patient level 4	99204			Casts			
	New patient level 5	99205			Long Arm	29065		
	Established Patient				Short Arm	29075		
	Est. patient level 1	99211			LA splint	29105		
X	Est. patient level 2	99212	\$50.00		SA splint	29125		
	Est. patient level 3	99213			Long leg	29345		
	Est. patient level 4	99214		X	Short leg	29405	\$80.00	
	Est. patient level 5	99215			Walking	29425		
	Emergency department				PTB	29435		
	New or est. level 1	99281			Cylinder	29365		
	New or est. level 2	99282			Leg splint	29515		
	New or est. level 3	99283			Cast removal-leg	29700		
	New or est. level 4	99284			Cast removal-arm	29705		X
	New or est. level 5	99285			Sling	99070		
ICD-9-CM DIAGNOSTIC CODES								
	Ankle sprain	845.00			Forearm Fx	813.83		Lumbar hernia disk
	Ankle Fx	824.8			Ganglion	727.43		Lumbar sprain
	Arm Fx	812.20			Carpal Tunnel	354.0		Lumbar Fx
	Elbow sprain	841.9			Hand Fx	815.00		Neck Sprain
	Elbow Fx	812.40			Wrist Fx	814.00		Neck hernia disk
	Femur Fx	820			Hip Fx	820		Osteomyelitis
	Finger sprain	842.13			Hip Deg	715.95		Pelvis Fx
	Finger Fx	816.00			Knee Deg	715.96		Scoliosis congenital
	Foot Fx	825.25			Knee sprain	844.9		Shoulder dislocation
Surgery:						Previous Balance		
_____						\$		
_____						Today's Charge		
_____						\$184.00		
_____						Cash		
_____						Check		
_____						\$0.00		
_____						Current Balance		
_____						\$184.00		
Hospital:								
Diagnosis: Fracture lower leg 823.82								
ICD-9-CM code:								
Physician's signature: Sarah Duncan M.D.								

I authorize the release of any information including diagnosis and treatment. I authorize my insurance carrier to pay directly to the doctor any benefits otherwise payable to me.

Karen Morganstern
Signature of patient (or parent of minor child)



FINAL EXAM—PART 3: ENCOUNTER FORM FOR SAMUEL JONES

Dr. Sarah Duncan
1414 Swallow Street
Yourtown, Co. 80000

Form containing patient information (Acct. # 9023, Patient name: Samuel Jones), service details (Date of Service: 01/25/XX), a table of medical services with CPT codes and fees, ICD-9-CM diagnostic codes, and a summary table with 'Previous Balance \$0.00', 'Today's Charge \$35.00', and 'Current Balance \$35.00'.

I authorize the release of any information including diagnosis and treatment. I authorize my insurance carrier to pay directly to the doctor any benefits otherwise payable to me.

Samuel Jones
Signature of patient (or parent of minor child)