

Superbill
CARDIOLOGY

Master Demo Practice

1110 Smith Street, , , Oakland, CA 94612-0000
Tel: (650)334-0545 ,Fax: (516)487-2555
Tax ID # 140525909 ,NPI # 3371639303

Date & Time: 02/01/2018 06:02 AM

Superbill# : 106177

Appointment Date and Time: 01/29/2018 10:00 AM	PC Ref #:	Last Seen Date: 01/29/2018
Patient: Fox, Abbie A	Gender: Female DOB: 04/08/1973 MR #: 1744	Pat Due: INS Due: 410.00
Address: 3650 Eagle Drive Southfield MI 48075	E-Mail: AbbieAFox@dayrep.com	Reason: headache
Home Phone: 734-738-5530 Cell Phone:	Case Name:	CaseDate:
Pr Insurance: CIGNA OPEN ACCESS	Member Id: 936090212345 Co-Pay Amt: 25	Deductible: On-Account: 130.00
Rendering provider: Porter, Marie	PCP: Fierros, Adam	Referring Provider:

OFFICE VISITS	MISCELLANEOUS	IMMUNIZATION
NEW	Pre-Op Cosmetic Surgery w/X-Ray	<input type="checkbox"/> 90632 Hep A. Adult Dose
<input type="checkbox"/> 99201 Problem Focused	<input type="checkbox"/> 99000 Handle/Convey Specmn-Offic To Lab	<input type="checkbox"/> 90744 Hep B. Adolescent
<input type="checkbox"/> 99202 Expanded	<input type="checkbox"/> 93000 Ecg-Routine 12 Lead; W/Intrpt & Rpt	<input type="checkbox"/> 90745 Hep B.Adult
<input type="checkbox"/> 99203 Detailed		<input type="checkbox"/> G0010 Hepatitis Admin
<input type="checkbox"/> 99204 Comprehensive/Mod	PROCEDURE	IMMUNIZATIONS(CONT'D)
<input type="checkbox"/> 99205 Comprehensive/High	<input type="checkbox"/> 93000 EKG w/Interpt Report	<input type="checkbox"/> 90732 Pneumonia Inj.
ESTABLISHED PATIENT	<input type="checkbox"/> 69210 Ear Irrigation	<input type="checkbox"/> G0009 Admin.Pneumo
<input type="checkbox"/> 99211 Minimal	<input type="checkbox"/> 86580 TB Intradermal	<input type="checkbox"/> 90658 Flu Vaccine
<input type="checkbox"/> 99212 Problem Focused	<input type="checkbox"/> 86585 TB Tine	<input type="checkbox"/> G0008 Admin.Flu Medicare
<input type="checkbox"/> 99213 Expanded	<input type="checkbox"/> 94080 (PTF)Bronchospam Eval: Splro-Bromchoalilit	<input type="checkbox"/> 90703 Tetanus Taxoids
<input type="checkbox"/> 99214 Detailed	<input type="checkbox"/> Botox injection	<input type="checkbox"/> 90707 MMR
<input type="checkbox"/> 99215 Comprehensive/High	<input type="checkbox"/> 90471 IMMUN.Admin-Single	<input type="checkbox"/> 95115 Allergy Inj
CONSULTATION	X-RAY	OFFICE LAB
<input type="checkbox"/> 99241 Problem Focused	<input type="checkbox"/> 71020 Chest AP/LAT	<input type="checkbox"/> 82270 Hemocult
<input type="checkbox"/> 99242 Expanded	<input type="checkbox"/> 72100 Lumbar	Patient Monitoring
<input type="checkbox"/> 99243 Detailed	<input type="checkbox"/> 72050 C-Spine	<input type="checkbox"/> 81002 UA Dip w/o Micro
<input type="checkbox"/> 99244 Comprehensive/Mod		<input type="checkbox"/> 36415 Venipuncture
<input type="checkbox"/> 99245 Comprehensive/High	INJECTIONS	OTHER PROCEDURE (TESTS/ MISCELL)
<input type="checkbox"/> 24 Post-Op <input type="checkbox"/> 25 Visit w/Prox	<input type="checkbox"/> 90772 IM injec Therapeutic	<input type="checkbox"/> 94761 Pulse Oximetry
<input type="checkbox"/> 59 Don't Bundle <input type="checkbox"/> GA Patient Signed	<input type="checkbox"/> J0696 Recephin Inj	SPECIAL INSTRUCTIONS
ABN	<input type="checkbox"/> J3420 B-12 Shot	NEXT APPOINTMENT
ANNUAL PHYSICAL GNYOPA²(USER DIAG)		_____ Days _____ Weeks _____ Month
NEW		Referral To _____
ESTAB		
<input type="checkbox"/> 99384 12-17 yrs <input type="checkbox"/> 99394 12-17 Yrs		
<input type="checkbox"/> 99386 40-54 yrs <input type="checkbox"/> 99396 40-54 yrs		
<input type="checkbox"/> 99387 65+ yrs <input type="checkbox"/> 99397 65 +yrs		

<input type="checkbox"/> 789.0 Abdominal Pain 1.RUO 2.LUO 3.RLO 4.LLO 5.Umblic 6.Eolgastic 7. <input type="checkbox"/> 781.2 Abdominal Gail <input type="checkbox"/> 477.9 Allergic Rhinitis <input type="checkbox"/> 955.3 Allergic Rxn <input type="checkbox"/> 331.0 Alzheimers Disease <input type="checkbox"/> 285.22 Anemia of Cancer <input type="checkbox"/> 285.29 Anemia of Chron <input type="checkbox"/> 285.21 Anemia of Renal Failure <input type="checkbox"/> 285.9 Anemia,Unsp.Etology <input type="checkbox"/> 413.9 Angina Pectoris <input type="checkbox"/> 395.9 Aortic Valve Disease <input type="checkbox"/> 427.9 Arrhythmia <input type="checkbox"/> 493.90 Asthma,Unspecified <input type="checkbox"/> 716.90 Arthritis,Unspec <input type="checkbox"/> 427.31 Atrial Fibrillation <input type="checkbox"/> 847.9 Back Pain <input type="checkbox"/> 600.00 BPH <input type="checkbox"/> 611.72 Breat Lump/Mass <input type="checkbox"/> 455.0 Bronchitis,Acute <input type="checkbox"/> 425.4 Cardionypathy <input type="checkbox"/> 414.8 Cardionypathy,Ischmeic <input type="checkbox"/> 433.10 Caroid Art.Syn.W/o <input type="checkbox"/> 354.0 Carpal Tunnel Syn <input type="checkbox"/> 682.9 Celluitis <input type="checkbox"/> 434.90 Cerebral Artery <input type="checkbox"/> 786.50 Chest Pain <input type="checkbox"/> 574.00 Cholellthiasis,Unspec <input type="checkbox"/> 571.5 Cirrhosis,Other <input type="checkbox"/> 788.0 Cotic,Renal <input type="checkbox"/> 428.0 Congestive Heart Failure <input type="checkbox"/> 077.99 Conjunctivities <input type="checkbox"/> 564.00 Constipation <input type="checkbox"/> 496 COPD	<input type="checkbox"/> 414.9 Coronary Artery <input type="checkbox"/> 290.1 Dementia,Pre <input type="checkbox"/> 290.0 Dementia,Senla <input type="checkbox"/> 311 Depression <input type="checkbox"/> 250.00 Diabeteus <input type="checkbox"/> 250.01 Diabeteus <input type="checkbox"/> 250.02 Diabetes Non.Ins Conc <input type="checkbox"/> 250.03 Diabetes ,Inc Uncon <input type="checkbox"/> 787.91 Diarrhea <input type="checkbox"/> 562.11 Divericultitis <input type="checkbox"/> 780.4 Dizziness <input type="checkbox"/> 250.43 <input type="checkbox"/> 451.11 DVT <input type="checkbox"/> 787.2 Dysphagia <input type="checkbox"/> 786.00 Dyspnea <input type="checkbox"/> 782.3 Edema <input type="checkbox"/> 796.2 Elevated Blood <input type="checkbox"/> 726.32 Epicondyllttis <input type="checkbox"/> 530.1 Esophagitis <input type="checkbox"/> 571.0 Fatty Liver <input type="checkbox"/> 729.1 Fibromyaigia <input type="checkbox"/> 787.3 Flatulence <input type="checkbox"/> 535.00 Gastritis,Acute,No Bleed <input type="checkbox"/> 009.1 Gastroenteritis,Infecti.. <input type="checkbox"/> 530.81 GRED <input type="checkbox"/> 271.3 Glucose Intolerance <input type="checkbox"/> 274.0 Goul <input type="checkbox"/> 784.0 Headache <input type="checkbox"/> 369.10 Hearing Loss,Sensorial <input type="checkbox"/> V43.3 Heart Valve Replace.. <input type="checkbox"/> 578.0 Hematemesis <input type="checkbox"/> 599.7 Hematuria <input type="checkbox"/> 455.5 Hemorrholds,Ext. <input type="checkbox"/> 070.32 Hepatitis B <input type="checkbox"/> 070.54 Hepatitis c Chronic <input type="checkbox"/> 553.9 Hernia	<input type="checkbox"/> 722.2 Herniated Disc Unsp <input type="checkbox"/> 053.9 Herpes Zoster <input type="checkbox"/> V103.3 History of breast <input type="checkbox"/> 272.0 Hypercholestermia <input type="checkbox"/> 276.7 HyperKalemia <input type="checkbox"/> 401.1 Hypertesion, Benlgn <input type="checkbox"/> 401.9 Hypertesion, unsp <input type="checkbox"/> 402.1 Hypertensive Hrt <input type="checkbox"/> 276.0 <input type="checkbox"/> 278.8 Hypokalemia <input type="checkbox"/> 458.9 Hypotension <input type="checkbox"/> 244.9 Hypothyroidism <input type="checkbox"/> 564.1 IBS <input type="checkbox"/> 380.4 Impacted Ceruman <input type="checkbox"/> 214.9 Lipoma <input type="checkbox"/> 780.79 Malalse&Fatigue <input type="checkbox"/> 296.80 Manic Depres. <input type="checkbox"/> 627.2 Menopause Assoc <input type="checkbox"/> 346.00 Migraine Classical <input type="checkbox"/> 424.0 Mitral Valve Disease <input type="checkbox"/> 075 Mononudeosis <input type="checkbox"/> 785.2 Murmur,herat ,Funct <input type="checkbox"/> 728.85 Muscle Spam <input type="checkbox"/> 729.1 Myalgia <input type="checkbox"/> 787.01 Nausea <input type="checkbox"/> 729.9 Neurigia <input type="checkbox"/> 337.0 Neuropathi, <input type="checkbox"/> 278.00 Obesity <input type="checkbox"/> 412 Old Myocardia <input type="checkbox"/> 110.1 Onychomycosis <input type="checkbox"/> 715.9 Osteoarthritis <input type="checkbox"/> 733.0 Osteoporosis <input type="checkbox"/> 733.1 Osteoporosis <input type="checkbox"/> 380.10 Otitis Externa <input type="checkbox"/> 381.01 Otitis Media, <input type="checkbox"/> V76.47 Pap Smear	<input type="checkbox"/> 332.0 Parkinson's Disease <input type="checkbox"/> 440.21 Perpheral Vasc.Disc <input type="checkbox"/> 281.0 Penicious Anemia <input type="checkbox"/> 511 Pleuisy <input type="checkbox"/> 725 PMR <input type="checkbox"/> 486 Pneumonia, <input type="checkbox"/> 601.1 Prostatitis, <input type="checkbox"/> 791.0 Proteinria <input type="checkbox"/> 698.9 Prutitus <input type="checkbox"/> 790.93 PSA,Elevated <input type="checkbox"/> 782.1 Rash <input type="checkbox"/> 569.3 Rectal Bleeding <input type="checkbox"/> 585.9 Renal Failure, <input type="checkbox"/> 584.9 Renal Failure,Acute <input type="checkbox"/> V42.0 Renal Transplant <input type="checkbox"/> 996.81 Renal Transplant <input type="checkbox"/> 593.81 Renal Vascular <input type="checkbox"/> 714.0 Rheumatod <input type="checkbox"/> V70.0 Routine Annual <input type="checkbox"/> V72.3 Routine Gyn <input type="checkbox"/> 720.2 Sacrollitis <input type="checkbox"/> 345.10 Seizure Disorder <input type="checkbox"/> 461.9 Sinsusitis, <input type="checkbox"/> 724.02 Spinal Stenosis, <input type="checkbox"/> 034.0 Strep Throat <input type="checkbox"/> 780.2 Syncope <input type="checkbox"/> 386.30 Tinnitus <input type="checkbox"/> 435.9 TIA <input type="checkbox"/> 707.9 Ulcer ,Skin <input type="checkbox"/> 556.9 Ulcerative <input type="checkbox"/> 465.8 Upper <input type="checkbox"/> 788.30 Urinary <input type="checkbox"/> 599.0 Urinary Tract <input type="checkbox"/> 592.0 Urollhiasis <input type="checkbox"/> 616.10 Vaginitis <input type="checkbox"/> 454.9 Varicose Veins	<input type="checkbox"/> 780.4 Vertigo <input type="checkbox"/> 986.11 Vertigo,Benig <p align="center">Diagnosis (Other):</p> <hr/> <p align="center">CHARGES</p> <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MC <input type="checkbox"/> AMX <input type="checkbox"/> VISA <input type="checkbox"/> DEBT Credit Card: _____ Total Office Charges: _____ Previous Balance: _____ Lab Charges: _____ Totals:\$ _____ Payment Received: _____ Doctor's Signature: _____ Balance Due: \$ _____
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Place of Service _____ Signature _____
 Rendering Provider Dizon, Emily Date _____

Superbill
CARDIOLOGY

Master Demo Practice

1110 Smith Street, , , Oakland, CA 94612-0000
Tel: (650)334-0545 ,Fax: (516)487-2555
Tax ID # 140525909 ,NPI # 3371639303

Date & Time: 02/01/2018 06:02 AM

Superbill# : 106178

Appointment Date and Time: 01/29/2018 12:30 PM	PC Ref #:	Last Seen Date: 01/29/2018
Patient: Brown, Amy D	Gender: Female DOB: 12/06/1922 MR #: 7867	Pat Due: INS Due: 92.45
Address: 647 Ridenour Street Miami FL 33179		Reason: backache
Home Phone: 786-248-6229 Cell Phone:	E-Mail: AmyDBrown@jourrapide.com	
Case Name:	Case No:	Case Type:
Pr Insurance: HEALTHFIRST	Member Id: 58507B12345 Co-Pay Amt:	Deductible:
Rendering provider: Dizon, Emily	PCP: Hamilton, Wallace	Referring Provider:
		CaseDate:
		On-Account:

OFFICE VISITS	MISCELLANEOUS	IMMUNIZATION
NEW	Pre-Op Cosmetic Surgery w/X-Ray	<input type="checkbox"/> 90632 Hep A. Adult Dose
<input type="checkbox"/> 99201 Problem Focused	<input type="checkbox"/> 99000 Handle/Convey Specmn-Offic To Lab	<input type="checkbox"/> 90744 Hep B. Adolescent
<input type="checkbox"/> 99202 Expanded	<input type="checkbox"/> 93000 Ecg-Routine 12 Lead; W/Intrpt & Rpt	<input type="checkbox"/> 90745 Hep B.Adult
<input type="checkbox"/> 99203 Detailed		<input type="checkbox"/> G0010 Hepatitis Admin
<input type="checkbox"/> 99204 Comprehensive/Mod	PROCEDURE	IMMUNIZATIONS(CONT'D)
<input type="checkbox"/> 99205 Comprehensive/High	<input type="checkbox"/> 93000 EKG w/Interpt Report	<input type="checkbox"/> 90732 Pneumonia Inj.
ESTABLISHED PATIENT	<input type="checkbox"/> 69210 Ear Irrigation	<input type="checkbox"/> G0009 Admin.Pneumo
<input type="checkbox"/> 99211 Minimal	<input type="checkbox"/> 86580 TB Intradermal	<input type="checkbox"/> 90658 Flu Vaccine
<input type="checkbox"/> 99212 Problem Focused	<input type="checkbox"/> 86585 TB Tine	<input type="checkbox"/> G0008 Admin.Flu Medicare
<input type="checkbox"/> 99213 Expanded	<input type="checkbox"/> 94080 (PTF)Bronchospam Eval: Splro-Bromchoalilit	<input type="checkbox"/> 90703 Tetanus Taxoids
<input type="checkbox"/> 99214 Detailed	<input type="checkbox"/> Botox injection	<input type="checkbox"/> 90707 MMR
<input type="checkbox"/> 99215 Comprehensive/High	<input type="checkbox"/> 90471 IMMUN.Admin-Single	<input type="checkbox"/> 95115 Allergy Inj
CONSULTATION	X-RAY	OFFICE LAB
<input type="checkbox"/> 99241 Problem Focused	<input type="checkbox"/> 71020 Chest AP/LAT	<input type="checkbox"/> 82270 Hemocult
<input type="checkbox"/> 99242 Expanded	<input type="checkbox"/> 72100 Lumbar	Patient Monitoring
<input type="checkbox"/> 99243 Detailed	<input type="checkbox"/> 72050 C-Spine	<input type="checkbox"/> 81002 UA Dip w/o Micro
<input type="checkbox"/> 99244 Comprehensive/Mod		<input type="checkbox"/> 36415 Venipuncture
<input type="checkbox"/> 99245 Comprehensive/High	INJECTIONS	OTHER PROCEDURE (TESTS/ MISCELL)
<input type="checkbox"/> 24 Post-Op <input type="checkbox"/> 25 Visit w/Prox	<input type="checkbox"/> 90772 IM injec Therapeutic	<input type="checkbox"/> 94761 Pulse Oximetry
<input type="checkbox"/> 59 Don't Bundle <input type="checkbox"/> GA Patient Signed	<input type="checkbox"/> J0696 Recephin Inj	SPECIAL INSTRUCTIONS
ABN	<input type="checkbox"/> J3420 B-12 Shot	NEXT APPOINTMENT
ANNUAL PHYSICAL GNYOPA*(USER DIAG)		_____ Days _____ Weeks _____ Month
NEW		Referral To _____
ESTAB		
<input type="checkbox"/> 99384 12-17 yrs <input type="checkbox"/> 99394 12-17 Yrs		
<input type="checkbox"/> 99386 40-54 yrs <input type="checkbox"/> 99396 40-54 yrs		
<input type="checkbox"/> 99387 65+ yrs <input type="checkbox"/> 99397 65 +yrs		

<input type="checkbox"/> 789.0 Abdominal Pain 1.RUO 2.LUO 3.RLO 4.LLO 5.Umblic 6.Eolgastic 7. <input type="checkbox"/> 781.2 Abdominal Gail <input type="checkbox"/> 477.9 Allergic Rhinitis <input type="checkbox"/> 955.3 Allergic Rxn <input type="checkbox"/> 331.0 Alzheimers Disease <input type="checkbox"/> 285.22 Anemia of Cancer <input type="checkbox"/> 285.29 Anemia of Chron <input type="checkbox"/> 285.21 Anemia of Renal Failure <input type="checkbox"/> 285.9 Anemia,Unsp.Etology <input type="checkbox"/> 413.9 Angina Pectoris <input type="checkbox"/> 395.9 Aortic Valve Disease <input type="checkbox"/> 427.9 Arrhythmia <input type="checkbox"/> 493.90 Asthma,Unspecified <input type="checkbox"/> 716.90 Arthritis,Unspec <input type="checkbox"/> 427.31 Atrial Fibrillation <input type="checkbox"/> 847.9 Back Pain <input type="checkbox"/> 600.00 BPH <input type="checkbox"/> 611.72 Breat Lump/Mass <input type="checkbox"/> 455.0 Bronchitis,Acute <input type="checkbox"/> 425.4 Cardionypathy <input type="checkbox"/> 414.8 Cardionypathy,Ischmeic <input type="checkbox"/> 433.10 Caroid Art.Syn.W/o <input type="checkbox"/> 354.0 Carpal Tunnel Syn <input type="checkbox"/> 682.9 Celluitis <input type="checkbox"/> 434.90 Cerebral Artery <input type="checkbox"/> 786.50 Chest Pain <input type="checkbox"/> 574.00 Cholellthiasis,Unspec <input type="checkbox"/> 571.5 Cirrhosis,Other <input type="checkbox"/> 788.0 Cotic,Renal <input type="checkbox"/> 428.0 Congestive Heart Failure <input type="checkbox"/> 077.99 Conjunctivities <input type="checkbox"/> 564.00 Constipation <input type="checkbox"/> 496 COPD	<input type="checkbox"/> 414.9 Coronary Artery <input type="checkbox"/> 290.1 Dementia,Pre <input type="checkbox"/> 290.0 Dementia,Senla <input type="checkbox"/> 311 Depression <input type="checkbox"/> 250.00 Diabeteus <input type="checkbox"/> 250.01 Diabeteus <input type="checkbox"/> 250.02 Diabetes Non.Ins Conc <input type="checkbox"/> 250.03 Diabetes ,Inc Uncon <input type="checkbox"/> 787.91 Diarrhea <input type="checkbox"/> 562.11 Divericultitis <input type="checkbox"/> 780.4 Dizziness <input type="checkbox"/> 250.43 <input type="checkbox"/> 451.11 DVT <input type="checkbox"/> 787.2 Dysphagia <input type="checkbox"/> 786.00 Dyspnea <input type="checkbox"/> 782.3 Edema <input type="checkbox"/> 796.2 Elevated Blood <input type="checkbox"/> 726.32 Epicondylltis <input type="checkbox"/> 530.1 Esophagitis <input type="checkbox"/> 571.0 Fatty Liver <input type="checkbox"/> 729.1 Fibromyaigia <input type="checkbox"/> 787.3 Flatulence <input type="checkbox"/> 535.00 Gastritis,Acute,No Bleed <input type="checkbox"/> 009.1 Gastroenteritis,Infecti.. <input type="checkbox"/> 530.81 GRED <input type="checkbox"/> 271.3 Glucose Intolerance <input type="checkbox"/> 274.0 Goul <input type="checkbox"/> 784.0 Headache <input type="checkbox"/> 369.10 Hearing Loss,Sensorial <input type="checkbox"/> V43.3 Heart Valve Replace.. <input type="checkbox"/> 578.0 Hematemesis <input type="checkbox"/> 599.7 Hematuria <input type="checkbox"/> 455.5 Hemorrholds,Ext. <input type="checkbox"/> 070.32 Hepatitis B <input type="checkbox"/> 070.54 Hepatitis c Chonic <input type="checkbox"/> 553.9 Hernia	<input type="checkbox"/> 722.2 Herniated Disc Unsp <input type="checkbox"/> 053.9 Herpes Zoster <input type="checkbox"/> V103.3 History of breast <input type="checkbox"/> 272.0 Hypercholestermia <input type="checkbox"/> 276.7 HyperKalemia <input type="checkbox"/> 401.1 Hypertesion, Benlgn <input type="checkbox"/> 401.9 Hypertesion, unsp <input type="checkbox"/> 402.1 Hypertensive Hrt <input type="checkbox"/> 276.0 <input type="checkbox"/> 278.8 Hypokalemia <input type="checkbox"/> 458.9 Hypotension <input type="checkbox"/> 244.9 Hypothyroidism <input type="checkbox"/> 564.1 IBS <input type="checkbox"/> 380.4 Impacted Ceruman <input type="checkbox"/> 214.9 Lipoma <input type="checkbox"/> 780.79 Malalse&Fatigue <input type="checkbox"/> 296.80 Manic Depres. <input type="checkbox"/> 627.2 Menopause Assoc <input type="checkbox"/> 346.00 Migraine Classical <input type="checkbox"/> 424.0 Mitral Valve Disease <input type="checkbox"/> 075 Mononudeosis <input type="checkbox"/> 785.2 Murmur,herat ,Funct <input type="checkbox"/> 728.85 Muscle Spam <input type="checkbox"/> 729.1 Myalgia <input type="checkbox"/> 787.01 Nausea <input type="checkbox"/> 729.9 Neurigia <input type="checkbox"/> 337.0 Neuropathi, <input type="checkbox"/> 278.00 Obesity <input type="checkbox"/> 412 Old Myocardia <input type="checkbox"/> 110.1 Onychomycosis <input type="checkbox"/> 715.9 Osteoarthritis <input type="checkbox"/> 733.0 Osteoporosis <input type="checkbox"/> 733.1 Osteoporosis <input type="checkbox"/> 380.10 Otitis Externa <input type="checkbox"/> 381.01 Otitis Media, <input type="checkbox"/> V76.47 Pap Smear	<input type="checkbox"/> 332.0 Parkson's Disease <input type="checkbox"/> 440.21 Perpheral Vasc.Disc <input type="checkbox"/> 281.0 Peniciosis Anemia <input type="checkbox"/> 511 Pleuisy <input type="checkbox"/> 725 PMR <input type="checkbox"/> 486 Pneumonia, <input type="checkbox"/> 601.1 Prostatitis, <input type="checkbox"/> 791.0 Proteinria <input type="checkbox"/> 698.9 Prutitus <input type="checkbox"/> 790.93 PSA,Elevated <input type="checkbox"/> 782.1 Rash <input type="checkbox"/> 569.3 Rectal Bleeding <input type="checkbox"/> 585.9 Renal Failure, <input type="checkbox"/> 584.9 Renal Failure,Acute <input type="checkbox"/> V42.0 Renal Transplant <input type="checkbox"/> 996.81 Renal Transplant <input type="checkbox"/> 593.81 Renal Vascular <input type="checkbox"/> 714.0 Rheumatod <input type="checkbox"/> V70.0 Routine Annual <input type="checkbox"/> V72.3 Routine Gyn <input type="checkbox"/> 720.2 Sacrollitis <input type="checkbox"/> 345.10 Seizure Disorder <input type="checkbox"/> 461.9 Sinsusitis, <input type="checkbox"/> 724.02 Spinal Stenosis, <input type="checkbox"/> 034.0 Strep Throat <input type="checkbox"/> 780.2 Syncope <input type="checkbox"/> 386.30 Tinnitus <input type="checkbox"/> 435.9 TIA <input type="checkbox"/> 707.9 Ulcer ,Skin <input type="checkbox"/> 556.9 Ulcerative <input type="checkbox"/> 465.8 Upper <input type="checkbox"/> 788.30 Urinary <input type="checkbox"/> 599.0 Urinary Tract <input type="checkbox"/> 592.0 Urollhiasis <input type="checkbox"/> 616.10 Vaginitis <input type="checkbox"/> 454.9 Varicose Veins	<input type="checkbox"/> 780.4 Vertigo <input type="checkbox"/> 986.11 Vertigo,Benig <p align="center">Diagnosis (Other):</p> <hr/> <p align="center">CHARGES</p> <input type="checkbox"/> CASH <input type="checkbox"/> CHECK _____ <input type="checkbox"/> MC <input type="checkbox"/> AMX <input type="checkbox"/> VISA <input type="checkbox"/> DEBT Credit Card: _____ Total Office Charges: _____ Previous Balance: _____ Lab Charges: _____ Totals:\$ _____ Payment Received: _____ Doctor's Signature: _____ Balance Due: \$ _____
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Place of Service _____ Service Location _____

Rendering Provider Porter, Marie Signature _____ Date _____

Superbill
CARDIOLOGY

Master Demo Practice

1110 Smith Street, , , Oakland, CA 94612-0000
Tel: (650)334-0545 ,Fax: (516)487-2555
Tax ID # 140525909 ,NPI # 3371639303

Date & Time: 02/01/2018 06:02 AM

Superbill# : 106179

Appointment Date and Time: 01/29/2018 01:00 PM		PC Ref #:		Last Seen Date: 01/25/2018	
Patient: Smith, ALBERT		Gender: Male		DOB: 01/22/1988	
MR #: 27012		Pat Due:		INS Due:	
Address: 380 Stockert Hollow Road REGO PARK NY 11374					
Reason: bakcache					
Home Phone: (646)637-6997		Cell Phone: (512)548-9252		E-Mail:	
Case Name:		Case No:		Case Type:	
Case Date:		Member Id:		Co-Pay Amt:	
Pr Insurance:		Deductible:		On-Account: 0.00	
Rendering provider: Porter, Marie		PCP: Jones, Douglas		Referring Provider:	

OFFICE VISITS	MISCELLANEOUS	IMMUNIZATION
NEW	Pre-Op Cosmetic Surgery w/X-Ray	<input type="checkbox"/> 90632 Hep A. Adult Dose
<input type="checkbox"/> 99201 Problem Focused	<input type="checkbox"/> 99000 Handle/Convey Specmn-Offic To Lab	<input type="checkbox"/> 90744 Hep B. Adolescent
<input type="checkbox"/> 99202 Expanded	<input type="checkbox"/> 93000 Ecg-Routine 12 Lead; W/Intrpt & Rpt	<input type="checkbox"/> 90745 Hep B.Adult
<input type="checkbox"/> 99203 Detailed		<input type="checkbox"/> G0010 Hepatitis Admin
<input type="checkbox"/> 99204 Comprehensive/Mod	PROCEDURE	IMMUNIZATIONS(CONT'D)
<input type="checkbox"/> 99205 Comprehensive/High	<input type="checkbox"/> 93000 EKG w/Interpt Report	<input type="checkbox"/> 90732 Pneumonia Inj.
ESTABLISHED PATIENT	<input type="checkbox"/> 69210 Ear Irrigation	<input type="checkbox"/> G0009 Admin.Pneumo
<input type="checkbox"/> 99211 Minimal	<input type="checkbox"/> 86580 TB Intradermal	<input type="checkbox"/> 90658 Flu Vaccine
<input type="checkbox"/> 99212 Problem Focused	<input type="checkbox"/> 86585 TB Tine	<input type="checkbox"/> G0008 Admin.Flu Medicare
<input type="checkbox"/> 99213 Expanded	<input type="checkbox"/> 94080 (PTF)Bronchosпам Eval: Splro-Bromchoalilit	<input type="checkbox"/> 90703 Tetanus Taxoids
<input type="checkbox"/> 99214 Detailed	<input type="checkbox"/> Botox injection	<input type="checkbox"/> 90707 MMR
<input type="checkbox"/> 99215 Comprehensive/High	<input type="checkbox"/> 90471 IMMUN.Admin-Single	<input type="checkbox"/> 95115 Allergy Inj
CONSULTATION	X-RAY	OFFICE LAB
<input type="checkbox"/> 99241 Problem Focused	<input type="checkbox"/> 71020 Chest AP/LAT	<input type="checkbox"/> 82270 Hemocult
<input type="checkbox"/> 99242 Expanded	<input type="checkbox"/> 72100 Lumbar	Patient Monitoring
<input type="checkbox"/> 99243 Detailed	<input type="checkbox"/> 72050 C-Spine	<input type="checkbox"/> 81002 UA Dip w/o Micro
<input type="checkbox"/> 99244 Comprehensive/Mod		<input type="checkbox"/> 36415 Venipuncture
<input type="checkbox"/> 99245 Comprehensive/High	INJECTIONS	OTHER PROCEDURE (TESTS/ MISCELL)
<input type="checkbox"/> 24 Post-Op <input type="checkbox"/> 25 Visit w/Prox	<input type="checkbox"/> 90772 IM injec Therapeutic	<input type="checkbox"/> 94761 Pulse Oximetry
<input type="checkbox"/> 59 Don't Bundle <input type="checkbox"/> GA Patient Signed	<input type="checkbox"/> J0696 Recephin Inj	SPECIAL INSTRUCTIONS
ABN	<input type="checkbox"/> J3420 B-12 Shot	NEXT APPOINTMENT
ANNUAL PHYSICAL (GNYOPAP/USER DIAG)		Days _____ Weeks _____ Month
NEW		Referral To _____
ESTAB		
<input type="checkbox"/> 99384 12-17 yrs <input type="checkbox"/> 99394 12-17 Yrs		
<input type="checkbox"/> 99386 40-54 yrs <input type="checkbox"/> 99396 40-54 yrs		
<input type="checkbox"/> 99387 65+ yrs <input type="checkbox"/> 99397 65 +yrs		

<input type="checkbox"/> 789.0 Abdominal Pain 1.RUO 2.LUO 3.RLO 4.LLO 5.Umblic 6.Eolgastic 7. <input type="checkbox"/> 781.2 Abdominal Gail <input type="checkbox"/> 477.9 Allergic Rhinitis <input type="checkbox"/> 955.3 Allergic Rxn <input type="checkbox"/> 331.0 Alzheimers Disease <input type="checkbox"/> 285.22 Anemia of Cancer <input type="checkbox"/> 285.29 Anemia of Chron <input type="checkbox"/> 285.21 Anemia of Renal Failure <input type="checkbox"/> 285.9 Anemia,Unsp.Etology <input type="checkbox"/> 413.9 Angina Pectoris <input type="checkbox"/> 395.9 Aortic Valve Disease <input type="checkbox"/> 427.9 Arrhythmia <input type="checkbox"/> 493.90 Asthma,Unspecified <input type="checkbox"/> 716.90 Arthritis,Unspec <input type="checkbox"/> 427.31 Artrial Fibrillation <input type="checkbox"/> 847.9 Back Pain <input type="checkbox"/> 600.00 BPH <input type="checkbox"/> 611.72 Breat Lump/Mass <input type="checkbox"/> 455.0 Bronchitis,Acute <input type="checkbox"/> 425.4 Cardionypathy <input type="checkbox"/> 414.8 Cardionypathy,Ischmeic <input type="checkbox"/> 433.10 Caroid Art.Syn.W/o <input type="checkbox"/> 354.0 Carpal Tunnel Syn <input type="checkbox"/> 682.9 Celluitis <input type="checkbox"/> 434.90 Cerebral Artery <input type="checkbox"/> 786.50 Chest Pain <input type="checkbox"/> 574.00 Cholellthiasis,Unspec <input type="checkbox"/> 571.5 Cirrhosis,Other <input type="checkbox"/> 788.0 Cotic,Renal <input type="checkbox"/> 428.0 Congestive Heart Failure <input type="checkbox"/> 077.99 Conjunctivities <input type="checkbox"/> 564.00 Constipation <input type="checkbox"/> 496 COPD	<input type="checkbox"/> 414.9 Coronary Artery <input type="checkbox"/> 290.1 Dementia,Pre <input type="checkbox"/> 290.0 Dementia,Senla <input type="checkbox"/> 311 Depression <input type="checkbox"/> 250.00 Diabeteus <input type="checkbox"/> 250.01 Diabeteus <input type="checkbox"/> 250.02 Diabetes Non.Ins Conc <input type="checkbox"/> 250.03 Diabetes ,Inc Uncon <input type="checkbox"/> 787.91 Diarrhea <input type="checkbox"/> 562.11 Divericultitis <input type="checkbox"/> 780.4 Dizziness <input type="checkbox"/> 250.43 <input type="checkbox"/> 451.11 DVT <input type="checkbox"/> 787.2 Dysphagia <input type="checkbox"/> 786.00 Dyspnea <input type="checkbox"/> 782.3 Edema <input type="checkbox"/> 796.2 Elevated Blood <input type="checkbox"/> 726.32 Epicondylltis <input type="checkbox"/> 530.1 Esophagitis <input type="checkbox"/> 571.0 Fatty Liver <input type="checkbox"/> 729.1 Fibromyaigia <input type="checkbox"/> 787.3 Flatulence <input type="checkbox"/> 535.00 Gastritis,Acute,No Bleed <input type="checkbox"/> 009.1 Gastroenteritis,Infecti.. <input type="checkbox"/> 530.81 GRED <input type="checkbox"/> 271.3 Glucose Intolerance <input type="checkbox"/> 274.0 Goul <input type="checkbox"/> 784.0 Headache <input type="checkbox"/> 369.10 Hearing Loss,Sensorial <input type="checkbox"/> V43.3 Heart Valve Replace.. <input type="checkbox"/> 578.0 Hematemesis <input type="checkbox"/> 599.7 Hematuria <input type="checkbox"/> 455.5 Hemorrholds,Ext. <input type="checkbox"/> 070.32 Hepatitis B <input type="checkbox"/> 070.54 Hepatitis c Chronic <input type="checkbox"/> 553.9 Hernia	<input type="checkbox"/> 722.2 Herniated Disc Unsp <input type="checkbox"/> 053.9 Herpes Zoster <input type="checkbox"/> V103.3 History of breast <input type="checkbox"/> 272.0 Hypercholestermia <input type="checkbox"/> 276.7 HyperKalemia <input type="checkbox"/> 401.1 Hypertesion, Benlgn <input type="checkbox"/> 401.9 Hypertesion, unsp <input type="checkbox"/> 402.1 Hypertensive Hrt <input type="checkbox"/> 276.0 <input type="checkbox"/> 278.8 Hypokalemia <input type="checkbox"/> 458.9 Hypotension <input type="checkbox"/> 244.9 Hypothyroidism <input type="checkbox"/> 564.1 IBS <input type="checkbox"/> 380.4 Impacted Ceruman <input type="checkbox"/> 214.9 Lipoma <input type="checkbox"/> 780.79 Malalse&Fatigue <input type="checkbox"/> 296.80 Manic Depres. <input type="checkbox"/> 627.2 Menopause Assoc <input type="checkbox"/> 346.00 Migraine Classical <input type="checkbox"/> 424.0 Mitral Valve Disease <input type="checkbox"/> 075 Mononudeosis <input type="checkbox"/> 785.2 Murmur,herat ,Funct <input type="checkbox"/> 728.85 Muscle Spam <input type="checkbox"/> 729.1 Myalgia <input type="checkbox"/> 787.01 Nausea <input type="checkbox"/> 729.9 Neurigia <input type="checkbox"/> 337.0 Neuropathi, <input type="checkbox"/> 278.00 Obesity <input type="checkbox"/> 412 Old Myocardia <input type="checkbox"/> 110.1 Onychomycosis <input type="checkbox"/> 715.9 Osteoarthritis <input type="checkbox"/> 733.0 Osteoporosis <input type="checkbox"/> 733.1 Osteoporosis <input type="checkbox"/> 380.10 Otitis Externa <input type="checkbox"/> 381.01 Otitis Media, <input type="checkbox"/> V76.47 Pap Smear	<input type="checkbox"/> 332.0 Parkinson's Disease <input type="checkbox"/> 440.21 Perpheral Vasc.Disc <input type="checkbox"/> 281.0 Peniciosis Anemia <input type="checkbox"/> 511 Pleuisy <input type="checkbox"/> 725 PMR <input type="checkbox"/> 486 Pneumonia, <input type="checkbox"/> 601.1 Prostatia, <input type="checkbox"/> 791.0 Proteinria <input type="checkbox"/> 698.9 Prutitus <input type="checkbox"/> 790.93 PSA,Elevated <input type="checkbox"/> 782.1 Rash <input type="checkbox"/> 569.3 Rectal Bleeding <input type="checkbox"/> 585.9 Renal Failure, <input type="checkbox"/> 584.9 Renal Failure,Acute <input type="checkbox"/> V42.0 Renal Transplant <input type="checkbox"/> 996.81 Renal Transplant <input type="checkbox"/> 593.81 Renal Vascular <input type="checkbox"/> 714.0 Rheumatod <input type="checkbox"/> V70.0 Routine Annual <input type="checkbox"/> V72.3 Routine Gyn <input type="checkbox"/> 720.2 Sacrollitis <input type="checkbox"/> 345.10 Seizure Disorder <input type="checkbox"/> 461.9 Sinsusitis, <input type="checkbox"/> 724.02 Spinal Stenosis, <input type="checkbox"/> 034.0 Strep Throat <input type="checkbox"/> 780.2 Syncope <input type="checkbox"/> 386.30 Tinnitus <input type="checkbox"/> 435.9 TIA <input type="checkbox"/> 707.9 Ulcer ,Skin <input type="checkbox"/> 556.9 Ulcerative <input type="checkbox"/> 465.8 Upper <input type="checkbox"/> 788.30 Urinary <input type="checkbox"/> 599.0 Urinary Tract <input type="checkbox"/> 592.0 Urollhiasis <input type="checkbox"/> 616.10 Vaginitis <input type="checkbox"/> 454.9 Varicose Veins	<input type="checkbox"/> 780.4 Vertigo <input type="checkbox"/> 986.11 Vertigo,Benig <p align="center">Diagnosis (Other):</p> <hr/> <p align="center">CHARGES</p> <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MC <input type="checkbox"/> AMX <input type="checkbox"/> VISA <input type="checkbox"/> DEBT Credit Card: _____ Total Office Charges: _____ Previous Balance: _____ Lab Charges: _____ Totals:\$ _____ Payment Received: _____ Doctor's Signature: _____ Balance Due: \$ _____
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Place of Service _____ Signature Location _____

Rendering Provider Porter, Marie Signature _____ Date _____