

PATIENT NAME		ID #	SEX	RELATIONSHIP	PSR NO.
			F	SELF	804545
		TYPE	MEDICAL RECORD NUMBER		
		FA			
		INSURANCE NAME		NUMBER	
DATE & AMOUNT OF LAST PAYMENT	REF. PHYSICIAN NO.	REFERRING PHYSICIAN		ACCOUNT BALANCE	
00-00-00				0.00	
DR. #	OFF #	DATE OF SERVICE	APPT. TIME		
2	1	05-21-93	02:30P		

**DIAGNOSIS OR NATURE OF ILLNESS OR INJURY RELATED DIAGNOSIS**

DESCRIPTION	ICDX-9	DESCRIPTION	ICDX-9	DESCRIPTION	ICDX-9	DESCRIPTION	ICDX-9
<b>RETINAL DISORDERS</b>		<b>CHOROIDAL DISORDERS</b>		<b>TUMORS</b>		<b>CORNEAL AND EXTERNAL DISEASE</b>	
Rheg RD, unspecified	361.00	Cystoid macular degeneration	362.53	Chronic iridocyclitis	364.10	Corneal abrasion	918.1
Recent RD, partial, one break	361.01	Toxic maculopathy	362.55	Iridocyclitis, unspecified	364.3	Corneal foreign body	930.0
Recent RD, partial, multi breaks	361.02	Macular pucker	362.56	Focal chorioretinitis	363.00	Corneal Ulcer	370.00
Recent RD, partial, giant tear	361.03	Retinal hemorrhage	362.81	Chorioretinitis, unspecified	363.20	Conjunctival foreign body	930.1
Recent RD, partial, dialysis	361.04	Macular edema or Berlin's edema	362.83	Chorioretinal scar, unspecified	363.30	Acute conjunctivitis, unspecified	372.00
Recent RD, total or subtotal	361.05	Periph ret degen, unspecified	362.60	Ocular histoplasmosis syndrome	115.02	Viral conjunctivitis	077.9
Chronic RD, partial	361.06	Paving stone degeneration	362.61	Toxoplasmosis chorioretinitis	130.20	Conjunctival hemorrhage	372.72
Chronic RD, total or subtotal	361.07	Lattice degeneration	362.63	Pars planitis	363.21	Contusion of periocular area	921.1
Traction retinal detachment	361.81	Hereditary retinal dystrophy	362.70	Retinal (peri) vasculitis	362.18	Contusion of eyeball	921.3
Retinoschisis, unspecified	361.10	Progressive degenerative myopia	360.21	Acute purulent endophthalmitis	360.00	Cataract, unspecified	366.9
Serous retinal detachment	361.2	Blind hypotensive eye (i.e. phthisis)	360.41	Chronic purulent endophthalmitis	360.03	Blepharitis	373.00
Retinal Hole	361.31	HIV Retinopathy	043.3			<b>PENETRATING OCULAR INJURY</b>	
Retinal Tear	361.32					Ocular lac w/o prolapse of tissue	871.0
Multiple retinal breaks	361.33	<b>DISORDERS OF THE VITREOUS</b>		<b>GLAUCOMA</b>		Ocular lac w/prolapse of tissue	871.1
Diabetes without complications	250.00	Choroidal hemorrhage, unspecified	363.61	Open angle glaucoma suspect	365.01	Recent magnetic IOFB	871.5
Diabetes w/ ophthalmic manif	250.50	Choroidal rupture	363.63	Steroid responder	365.03	Recent nonmagnetic IOFB	871.6
Background diabetic retinopathy	362.01	Choroidal detachment, unspecified	363.70	Ocular hypertension	365.04	Ocular laceration, unspecified	871.9
Proliferative diabetic retinopathy	362.02	Serous choroidal detachment	363.71	Open angle glaucoma, unspecified	365.10	Retained (old) magnetic IOFB	360.50
Nondiabetic proliferative retinopathy	362.29	Hemorrhagic choroidal detachment	363.72	Primary open angle glaucoma	365.11	Retained (old) nonmagnetic IOFB	360.60
Retinopathy of prematurity	362.21			Acute angle-closure glaucoma	365.22	<b>MISCELLANEOUS</b>	
Hypertensive retinopathy	362.11	<b>DISORDERS OF IRIS LENS AND CILIARY BODY</b>		Chronic angle-closure glaucoma	365.23	Blurred vision, unspecified	368.8
Central retinal artery occlusion	362.31	Vitreous degeneration (detachment)	379.21	Glaucoma assoc w/ unspec disorder	365.60	Transient visual loss	368.12
Branch retinal artery occlusion	362.32	Crystalline deposits in vitreous	379.22	Glaucoma assoc w/pupillary block	365.61	Eye strain, asthenopia, photophobia	368.13
Retinal arterial emboli	362.33	Vitreous hemorrhage	379.23	Glaucoma assoc w/inflammations	365.62	Classical migraine	346.9
Amaurosis fugax	362.34	Vitreous floaters or opacities	379.24	Glaucoma assoc w/vascular disorder	365.63	Pain in and around the eye	379.91
Central retinal vein occlusion	362.35	<b>OTHER - DESCRIPTION</b>				Headache	784.0
Branch retinal vein occlusion	362.36	ICDX-9				Hypertension	367.0
Central serous retinopathy	362.41					Hyperopia	367.1
Serous RPED	362.42					Myopia	367.20
Hemorrhagic RPED	362.43					Astigmatism, unspecified	367.4
Dry senile macular degeneration	362.51	<b>INFLAMMATORY DISORDERS</b>				Presbyopia	367.9
Wet senile macular degeneration	362.52	Acute and subacute iridocyclitis	364.00			Refractive Errors	V72.0
Subretinal neovascularization	362.16	Recurrent iridocyclitis	364.02			Normal eye exam	377.41
Drusen (degenerative)	362.57	Cytomegalic inclusion disease	078.5			Ischemic optic neuropathy	377.10
OTHER - DESCRIPTION						Optic atrophy, unspecified	368.14
						Metamorphopsia	

**RETINA SERVICE CHARGES**

DESCRIPTION	CPT-4	CHARGE	DESCRIPTION	CPT-4	CHARGE	DESCRIPTION	CPT-4	CHARGE
<b>NEW PATIENT</b>			<b>SPECIAL EYE SERVICES</b>			<b>OTHER SERVICES</b>		
Eval/Manage Level I	99201	.	Ultrasound—Eye A&B Scan	76512	.	Panret. Photocoag.	67228	.
Eval/Manage Level II	99202	.	Ultra-Eye-Biometry A Scan	76519	.	FB Remov. - Subtarsal	67938	.
Eval/Manage Level III	99203	.	Gonioscopy	92020	.	Subconjunctival Inject	68200	.
Eval/Manage Level IV	99204	.	Visual Fields - Limited	92081	.	New Patient Surgery **	99025	.
Eval/Manage Level V	99205	.	Visual Fields - Intermed	92082	.			
Gen. Eye Ser. - Intermd.	92002	100.00	Visual Fields - Extended	92083	.	Bandage Lens	92070	.
Gen. Eye Ser. - Compl	92004	100.00	Ext. Ophthalmoscopy	92225	.	Supplies	99070	.
<b>ESTABLISHED PATIENT</b>			<b>OFFICE SURGERY</b>			<b>PAYMENTS</b>		
Eval/Manage Level I	99211	.	Fundus Fluorescein Ph.	92235	.	CASH	1310	1
Eval/Manage Level II	99212	.	Fundus Photography	92250	.	CHECK		2
Eval/Manage Level III	99213	.	External Photography	92285	.	CREDIT CARD		3
Eval/Manage Level IV	99214	.	FB Remov. - Ext. Conj*	65205	.			
Eval/Manage Level V	99215	.	FB Remov. - Imb. - Conj.*	65210	.			
Gen. Eye Ser. - Intermd.	92012	.	FB Remov. - cSL - Corneal*	65222	.			
Gen. Eye Ser. - Comp.	92014	12.00	Laser Iridotomy	66761	.			
Post Op Follow up Visit	99024	.	Yag Cap.	66821	.			
Refraction	92015	.	Cryopexy for RD	67101	.			
<b>OFFICE CONSULTATION</b>			<b>OTHER - DESCRIPTION</b>			<b>TOTAL CHARGES</b>		
Consultation - Level I	99241	.	Cryo Prophylaxis	67141	.			12.00
Consultation - Level II	99242	.	Laser Prophylaxis	67145	.			
Consultation - Level III	99243	.	Focal Ret. Photocoag.	67210	.			
Consultation - Level IV	99244	.						
Consultation - Level V	99245	.						
PATIENT TO RETURN		PHYSICIAN'S NOTES:		SIGNATURE OF PHYSICIAN OR AGENT		TOTAL PAYMENT		
MO	YR					12.00		