

# Your Name and Logo Goes Here

**Superbill #**

**Your Address and  
Phone Numbers**

CPT	DESCRIPTION	DX	FEE
NEW PATIENT			
99201	Minimal Office Visit		65
99202	Focused Office Visit		85
99203	Expanded Office Visit		125
99204	Detailed Office Visit		165
99205	Comp. Office Visit		215
ESTABLISHED PATIENT			
99211	Minimal Office Visit		30
99212	Focused Office Visit		55
99213	Expanded Office Visit		80
99214	Detailed Office Visit		110
99215	Comp. Office Visit		175
NEW PATIENT			
99381	Prevent., Under Age		130
99382	Preventative, Age 1-4		150
99383	Preventative, Age 5-11		150
99384	Prevent., Age 12-17		165
ESTABLISHED PATIENT			
99391	Prevent., Under Age		115
99392	Preventative, Age 1-4		130
99393	Preventative, Age 5-11		130
99394	Prevent., Age 12-17		150
OFFICE CONSULTS			
99241	Focused		83
99242	Expanded		114
99243	Detailed		141
99244	Comprehensive		174
99245	Complex		242

CPT	DESCRIPTION	DX	FEE
INJECTIONS			
90471	Admin., First Injection		17
90472	Admin., Subsequent		17
90633	Hepatitis A	V06.1	80
90647	HiB	V03.81	40
90657	Influenza, 6-35 Mos.	V04.81	15
90658	Influenza, 3-21 Years	V04.81	15
90669	Pneumococcal	V03.82	100
90700	DTaP	V06.1	35
90707	MMR	V06.4	60
90710	Pro Quad	V06.8	155
90713	Poliovirus	V04.0	40
90716	Varicella Virus	V05.4	95
90714	TD Over Age 7	V06.5	20
90715	Tdap - Boostrix	V06.1	70
90744	Hep B, Pediatric/Adoles.	V05.3	40
90734	Menactra	V03.89	160
90733	Menomune	V03.89	100
90723	Pediarix	V06.8	100
86580	TB Intradermal	V74.1	25
90772	Antibiotic Injection		26
95115	Allergy - Single Injection		20
95117	Allergy - Two +		45
J0696	Rocephin 250 mg		35

CPT	DESCRIPTION	DX	FEE
LAB SERVICES			
82270	Hemocult		10
81002	Urinalysis, w/o		15
85025	Hemogram, CBC		25
86403	Rapid Strep		25
86308	Monospot		15
82948	Glucometer Strip		10
81025	Pregnancy Test, Urine		25
36415	Venipuncture		15
OTHER SERVICES			
94760	Blood Oxygen Level		25
94761	Blood Oxygen Level		45
12001	Repair Superficial Wound		155
12011	Repair Superficial Face		180
16000	Initial, 1st Degree Burn		108
17250	Chem. Cauterization		75
69200	Remove Foreign Body		105
69210	Impacted Cerumen		70
92567	Tympanometry		35
94640	Inhal. Treatment		40
94640-76	Subs. Inhal. Treatment		40
99173	Vision		25
92551	Pure Tone Hearing, Air		35
99429	Sports Physical		35
10060	Incision & Drainage		125
17110	Cryotherapy/Wart Destruction		100
99050	Services After Hours		30
99054	Services on Sunday/Holiday		45
99078	Physician Educational Service		65

#	Diagnosis	ICD-9	Modifier
1			
2			
3			
4			
5			
6			

NEXT VISIT: \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months M.D. \_\_\_\_\_ Vaccine \_\_\_\_\_

Today's Date		New Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		Today's Charges \$	
Patient's Name			DOB / /		Today's Payments \$
Primary Ins		Secondary Ins		Sex	
Primary Ins #		Secondary Ins #		Co-Pay	
Cash Check No. Charge					