

Patient:		DOB:		DOS:	
Reason for Visit:		Referring Provider:			
Health Insurance Company:		Patient ID Number:			

CPT Code	Description	Mod																						
99211	Office Visit	25																						
95004	X _____ Units Allergy Test																							
	<input type="checkbox"/> PT SIGNED UP FOR TREATMENT <input type="checkbox"/> 1 VIAL <input type="checkbox"/> 2 VIAL <input type="checkbox"/> PT ZEROED OUT <input type="checkbox"/> DECLINED TREATMENT																							
95165	X _____ units Medications Made	XU																						
	<table border="1"> <tr><td>Cigna</td><td>150 Units x 1</td></tr> <tr><td>Aetna</td><td>150 Units x 1</td></tr> <tr><td>UHC</td><td>75 Units x 4 days</td></tr> <tr><td>Humana</td><td>100 Units x 3 days</td></tr> <tr><td>Tricare</td><td>100 Units x 3 days</td></tr> <tr><td>BCBS</td><td>30 Units x 10 every 30 days</td></tr> <tr><td>Medicare</td><td>20 Units x 7 every 30 days</td></tr> <tr><td>Molina</td><td>30 Units X4 Days</td></tr> <tr><td>Molina Marketplace</td><td>30 Units X4 Days</td></tr> <tr><td>Ambetter</td><td>60 units X 2 days</td></tr> <tr><td>All other Ins</td><td>300 Units x 1</td></tr> </table>	Cigna	150 Units x 1	Aetna	150 Units x 1	UHC	75 Units x 4 days	Humana	100 Units x 3 days	Tricare	100 Units x 3 days	BCBS	30 Units x 10 every 30 days	Medicare	20 Units x 7 every 30 days	Molina	30 Units X4 Days	Molina Marketplace	30 Units X4 Days	Ambetter	60 units X 2 days	All other Ins	300 Units x 1	
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95028	<input type="checkbox"/> 1 VIAL <input type="checkbox"/> 2 VIAL Safety Vial Test	XU																						
95117	X 1 Unit _____ Injections																							
95115	X 1 Unit _____ 1 Injections																							

\*If the patient sees the provider on the same day that allerg/ treatment is done, DO NOT charge an office visit. Add a 59 modifier to all charges but the 95117.

**DIAGNOSIS CODES**

J30.9 - Allergic Rhinitis, UNS      J30.1 - Allergic Rhinitis Due to POLLEN  
 J30.81 - allergic Rhinitis due to ANIMAL      J30.89 - Other Allergic Rhinitis (MOLDS)

PRIOR BALANCE \$

TODAYS CHARGES \$

PAYMENT DUE \$

TOTAL PAID \$

Tech Signature: \_\_\_\_\_

\*\* TECHS SIGNATURE INDICATES THAT THE ABOVE SERVICES ARE TRUE AND ACCURATE AND ARE SERVICES THAT WERE PERFORMED TO THE PATIENT