

Advantage Acupuncture - Monique Larsen

1612 W. Jefferson Boise, ID 83702

208.336.4325

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

Patient's Name (Last, First, M.I.) Patient's Date of Birth: Insured's Name (last, First, M.I.)

Patient's Address Patient's Sex Insured's Policy # Group #
Male () Female ()

City, State, Zip Code Relationship to Insured: Insured's Address Check here if Same as Patient's ()
Self () Child ()
Spouse () Other ()

Telephone # Was Condition Due To: City, State, Zip Code
Work Injury () Auto ()

Other Health Insurance (Name of Policy Holder, Policy #, Plan Name) Telephone #

INSURANCE COMPANY: PLEASE MAKE PAYMENT TO SUBSCRIBER, NOT CLINIC

I authorize the release of any medical information necessary to process this claim.

Patient's Signature: Date:

PROVIDER INFORMATION

Date of Treatment Date of Onset of Condition Date First Consulted for Condition

Provider's Signature

ICD – 9 DIAGNOSTIC CODES

PAIN:

789.0 Abdominal/Epi	388.70 Ear	478.1 Nasal	625.9 Vaginal
729.5 Arch	379.91 Eye	723.1 Neck	608.9 Testis
729.5 Arm	784.0 Face	478.1 Nose	_____
724.2 Back, low	729.5 Extremity	478.1 Sinus	_____
724.5 Back, unspecified	784.0 Head	536.8 Stomach	_____
611.71 Breast	526.9 Jaw	784.1 Throat	_____
786.50 Chest, central	719.47 Joint	525.9 Tooth	_____
786.51 Coccyx	729.1 Muscle	788.0 Urinary	_____

OTHER:

995.3 Allergy	787.91 Diarrhea	692.9 Eczema	344.9 Paralysis
460. Cold	780.4 Dizziness	780.79 Fatigue	786.05 SOB
564.0 Constipation	782.3 Edema	787.02 Nausea	787.03 Vomiting

CPT TREATMENT CODES

Examinations; New Patient

99202 Brief Exam	\$20
99203 Intermediate Exam	\$30
99204 Extended Exam	\$40
99205 Comprehensive	\$50

Examinations; Established Patient

99213 Brief Exam	\$20
99214 Extended Exam	\$30
99215 Comprehensive	\$40

Acupuncture Therapies

97810 Acupuncture Initial	\$35	97813 Electro-Acup. Initial	\$15
97811 Acupuncture – additional	\$15	97814 Electro-Acup Additional	\$10

Previous Balance \$_____ Today's Charges \$_____ PMT Rec'd \$_____ Balance Due \$_____