

DATE: _____

EVELINE ASSAD, M.D. OB/GYN
 6 Cornwall Court – East Brunswick, NJ 08816 – (732) 390-5550
 TAX ID #20-894-0097

PT# _____

AMOUNT PAID: \$ _____ CASH CK# _____ CC RECEIVED BY _____

PATIENT: _____ DATE OF BIRTH _____ SS# _____
 (Last) (First) (Mi) (mm/dd/yy)

ADDRESS: _____
 (Number & Street Name)

(City) (State) (Zip Code) SINGLE MARRIED OTHER

TELEPHONE: HOME _____ WORK _____ CELL _____

PRIMARY INSURANCE (Plan Name) _____ ID# _____ GROUP # _____

RELATION TO POLICY HOLDER SELF SPOUSE CHILD (IF OTHER THAN "SELF" COMPLETE THE FOLLOWING)

POLICY HOLDER: _____ DATE OF BIRTH _____ SS# _____
 (Last) (First) (Mi) (mm/dd/yy)

EMPLOYER: _____ SECONDARY INSURANCE (if any) _____

DIAGNOSIS _____ POLICY HOLDER (2ND INS) _____

DATE OF BIRTH _____ / _____ / _____

CPT	PROCEDURES	FEE	CPT	PROCEDURES	FEE	CPT	PROCEDURES	FEE	CPT	PROCEDURES	FEE
CERVIX			OB PROCEDURES			VAGINA-VULVA			MISCELLANEOUS/SUPPLIES		
57500*	Bx, sngl or mult. Or local exc. of lesions w/wo fulguration		59000*	Amniocentesis		57100	Bx vaginal mucosa, simple		99199	Facility Fee	
			59025	Fetal non-stress		57061	Desir vag lesion(s), simple		99000	spec. handling, office to lab	
57454*	Colposcopy w/cervical Bx &/ or endocervical curettage		38231	Cord blood collection		56501	Desir vulvar lesion(s), simple		90649	HPV Vaccine	
			ULTRASOUND			56420	I & D Bartholin's gland abscess		90471	Immun. Admin.	
57522*	Conization by loop excision		76827	Doppler		57160	Pessary/intravag support insert/tilting				
57510*	Cauterization of cervix		76857	Echo B-scan F/U - GYN							
57505*	Endocervical curettage		76815	Echo B-scan, limited-OB							
			76830	Transvaginal echo - GYN		A4560	Pessary supply				
			76801	U/S 1st Trimester		56605	Vulvar biopsy				
						LABORATORY					
						81002	UA dipstick w/o microscopy				
CONTRACEPTION						81025	Urine pregnancy test, visual compare				
57170	Diaphragm or cervical cap fitting w/instruction					36415	Venipuncture				
58300*	IUD insert										
58301	IUD removal										
J7300	IUD supply		UTERUS								
J7302	IUD MIRENA		58100*	Endometrial w/wo endocervical sampling (Bx) (sep proc)							
			58558	Polypectomy							
			58563	Endom. Ablation, DX 68.23							

CPT	E & M SERVICES	FEE	CPT	CONSULTATION	FEE	CPT	PREVENTIVE MEDICINE	FEE	CPT	PREVENTIVE MEDICINE (cont'd)	FEE
NEW PATIENT			OFFICE NEW OR ESTABLISHED								
99201	Level I		99241	Level I		99384	Age 12- 17			PO	Post-op visit
99202	Level II		99242	Level II		99385	Age 18-39			PAT	PAT visit
99203	Level III		99243	Level III		99386	Age 40 - 64			99358	Chart Review
99204	Level IV		99244	Level IV		99387	Age 65 & over			RECALL: _____ Days _____ Wks _____ Mos	
99205	Level V		99245	Level V		ESTABLISHED PATIENT				NEXT APPT: _____	
ESTABLISHED PATIENT						99394	Age 12- 17				Today's Charges Balance Payment Payment on account Total Due
99211	Level I		99271	Level I		99395	Age 18-39				
99212	Level II		99272	Level II		99396	Age 40 - 64				
99213	Level III		99273	Level III		99397	Age 65 & over				
99214	Level IV		99274	Level IV							
99215	Level V		99275	Level V		OBSTETRIC					
PROLONGED SERVICES						NWOB	New OB				
						OB	Routine OB				
						PP	Postpartum				
						NEWPT 00	New Patient OB				