

CASE STUDY 1-1**Mary Sue Hightower encounter form**

IRMINA M. BRILLIANT, M.D.		Encounter Form	
25 Medical Drive ■ Injury US 12347 ■ (101) 201-3145			
EIN: 11-765431		TRICARE PIN: IBM7791	
UPIN: IB9821		BCBS PIN: 99531	
PATIENT INFORMATION:		INSURANCE INFORMATION:	
Name:	Mary Sue Hightower	Patient Number:	1-1
Address:	61 Water Tower Street	Place of Service:	Hospital Outpatient Dept.
City:	Anywhere	Primary Insurance Plan:	Aetna
State:	US	Primary Insurance Plan ID #:	272034109
Zip Code:	12345	Group #:	NPW
Telephone:	(101) 201-6987	Primary Policyholder:	Walter W. Hightower
Gender:	Female	Policyholder Date of Birth:	04-09-1951
Date of Birth:	08-07-1951	Relationship to Patient:	Spouse
Occupation:	Homemaker	Secondary Insurance Plan:	
Employer:		Secondary Insurance Plan ID #:	
Spouse's Employer:	Anywhere Water Co.	Secondary Policyholder:	
Patient Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Student <input type="checkbox"/> Other			
DIAGNOSIS INFORMATION			
Diagnosis	Code	Diagnosis	Code
1. Coronary artery disease, graft	404.02	5.	
2.		6.	
3.		7.	
4.		8.	
PROCEDURE INFORMATION			
Description of Procedure or Service	Date	Code	Charge
1. Left heart catheterization	01-10-YYYY	93510	2000.00
2. Injection for catheterization	01-10-YYYY	93540	250.00
3. Angiography, venous bypass graft	01-10-YYYY	93556	750.00
4.			
5.			
SPECIAL NOTES:			
Patient diagnosed with CAD 5 years ago (06-15-YYYY). Referring provider: I. M. Gooddoc, M.D. (PIN 777707070). Care rendered at Goodmedicine Hospital, Provider Street, Anywhere US 12345. Revisit 5 days. Admission/Discharge Date: 01-10-YYYY.			

CASE STUDY 1-3**Katlyn Tiger encounter form****ARNOLD J. YOUNGLOVE, M.D.**

21 Provider St ■ Injury US 12347 ■ (101) 202-7754

EIN: 11-123463 MCD PIN: 236598

UPIN: AY9999 BCBS PIN: 991123

Encounter Form**PATIENT INFORMATION:**

Name: Katlyn Tiger
 Address: 2 Jungle Road
 City: Nowhere
 State: US
 Zip Code: 12346
 Telephone: (101) 111-2222
 Gender: Female
 Date of Birth: 01-03-1954
 Occupation: Accountant
 Employer: John Lion, C.P.A.
 Spouse's Employer:

INSURANCE INFORMATION:

Patient Number: 1-3
 Place of Service: Inpatient Hospital
 Primary Insurance Plan: BCBS
 Primary Insurance Plan ID #: ZJW334444
 Group #: W310
 Primary Policyholder: Katlyn Tiger
 Policyholder Date of Birth: 01-03-1954
 Relationship to Patient: Self
 Secondary Insurance Plan:
 Secondary Insurance Plan ID #:
 Secondary Policyholder:

Patient Status Married Divorced Single Student Other

DIAGNOSIS INFORMATION

Diagnosis	Code	Diagnosis	Code
1. Bronchopneumonia	485	5.	
2.		6.	
3.		7.	
4.		8.	

PROCEDURE INFORMATION

Description of Procedure or Service	Date	Code	Charge
1. Initial observation, comprehensive	02-28-YYYY	99220	\$175.00
2. Discharge home	03-01-YYYY	99217	65.00
3.			
4.			
5.			

SPECIAL NOTES:

Care rendered at Goodmedicine Hospital, Provider Street, Anywhere US 12345.

CASE STUDY 1-5**Christine Noel encounter form****ARNOLD J. YOUNGLOVE, M.D.**

21 Provider St ■ Injury US 12347 ■ (101) 202-7754

EIN: 11-123463 MCD PIN: 236598

UPIN: AY9999 BCBS PIN: 991123

Encounter Form**PATIENT INFORMATION:**

Name: Christine Noel
Address: 100 Christmas Tree Ln
City: Anywhere
State: US
Zip Code: 12346
Telephone: (101) 115-8123
Gender: Female
Date of Birth: 09-03-1977
Occupation: Student (full-time)
Employer:
Spouse's Employer: Nowhere University

INSURANCE INFORMATION:

Patient Number: 1-5
Place of Service: Office
Primary Insurance Plan: BCBS
Primary Insurance Plan ID #: ZJW35834
Group #: 624
Primary Policyholder: Henry Noel
Policyholder Date of Birth: 02-21-1975
Relationship to Patient: Spouse
Secondary Insurance Plan: BCBS
Secondary Insurance Plan ID #: 123W476
Group #: X23
Secondary Policyholder: Christine Noel
Relationship to Patient: Self

Patient Status Married Divorced Single Student Other

DIAGNOSIS INFORMATION

Diagnosis	Code	Diagnosis	Code
1. Acute pharyngitis	462	5.	
2. Urinary frequency	788.41	6.	
3.		7.	
4.		8.	

PROCEDURE INFORMATION

Description of Procedure or Service	Date	Code	Charge
1. Office visit, established patient, level II	03-10-YYYY	99212	45.00
2. Urinalysis, dipstick and microscopy	03-10-YYYY	81000	8.00
3. Strep test (CLIA-approved office lab)	03-10-YYYY	87880	12.00
4.			
5.			

SPECIAL NOTES:

Patient paid \$20 toward today's bill.

CASE STUDY 1-7

Emma Berry encounter form

ARNOLD J. YOUNGLOVE, M.D. 21 Provider St ■ Injury US 12347 ■ (101) 202-7754 EIN: 11-123463 MCD PIN: 236598 UPIN: AY9999 BCBS PIN: 991123		<h2 style="margin: 0;">Encounter Form</h2>																								
PATIENT INFORMATION: Name: Emma Berry Address: Good Life Retirement Community, Golden Age Road City: Anywhere State: US Zip Code: 12345 Telephone: (101) 111-7700 Gender: Female Date of Birth: 03-08-1905 Occupation: Retired Employer: Nowhere School District Spouse's Employer:	INSURANCE INFORMATION: Patient Number: 1-7 Place of Service: Inpatient Skilled Nursing Facility Primary Insurance Plan: Medicare Primary Insurance Plan ID #: 888 44 1234A Group #: Primary Policyholder: Emma Berry Policyholder Date of Birth: 03-08-1905 Relationship to Patient: Self Secondary Insurance Plan: Aetna Medigap Secondary Insurance Plan ID #: 995432992 Secondary Policyholder: Emma Berry																									
Patient Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Single <input type="checkbox"/> Student <input type="checkbox"/> Other																										
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SPECIAL NOTES: Care rendered at Good Life SNF, Golden Age Road, Anywhere US 12345. Daughter is Emma J. Peach, 1234 Beneficiary St, Faraway US 99999.																										

CASE STUDY 1-9**Geraldine T. Makebetter encounter form****ARNOLD J. YOUNGLOVE, M.D.****Encounter Form**

21 Provider St ■ Injury US 12347 ■ (101) 202-7754

EIN: 11-123463 MCD PIN: 236598

UPIN: AY9999 BCBS PIN: 991123

PATIENT INFORMATION:

Name: Geraldine T. Makebetter
 Address: 7866A Memory Lane
 City: Injury
 State: US
 Zip Code: 12346
 Telephone: (101) 111-9855
 Gender: Female
 Date of Birth: 06-20-1945
 Occupation:
 Employer:
 Spouse's Employer:

INSURANCE INFORMATION:

Patient Number: 1-9
 Place of Service: Office
 Primary Insurance Plan: Medicare
 Primary Insurance Plan ID #: 101278769W
 Group #:
 Primary Policyholder: Geraldine T. Makebetter
 Policyholder Date of Birth: 06-20-1945
 Relationship to Patient: Self
 Secondary Insurance Plan: Medicaid
 Secondary Insurance Plan ID #: 1198555W
 Secondary Policyholder: Geraldine T. Makebetter

Patient Status Married Divorced Single Student Other

DIAGNOSIS INFORMATION

Diagnosis	Code	Diagnosis	Code
1. Annual physical exam	V70.0	5.	
2. Bladder infection	595.9	6.	
3.		7.	
4.		8.	

PROCEDURE INFORMATION

Description of Procedure or Service	Date	Code	Charge
1. Preventive medicine, established patient	03-03-YYYY	99396	75.00
2. Established office visit, level II	03-03-YYYY	99212-25	40.00
3. Urinalysis with microscopy	03-03-YYYY	81000	8.00
4. Hemocult	03-03-YYYY	82270	8.00
5. CBC auto	03-03-YYYY	85024	40.00
6. Health risk assessment	03-03-YYYY	99420	25.00

SPECIAL NOTES:

Hospital Info: Goodmedicine Hospital, Provider Street, Anywhere US 12345.