

How did you hear about us? \_\_\_\_\_

Please provide person's phone no \_\_\_\_\_

NP / EST / INJ

Please print:

Primary Care Physician:

**Ashok P.C.**, 3116 N. ELIZABETH, PUEBLO, COLORADO 81008 (719) 542-7222

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ No. \_\_\_\_

Patient Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell no # \_\_\_\_\_  
 Email \_\_\_\_\_ Work # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Current Insurance \_\_\_\_\_  
 Insured Name \_\_\_\_\_ Insured DOB \_\_\_\_\_  
 Insured Employer \_\_\_\_\_

Would you like your billing statement emailed/ text?  Y  N

Current Year Deductible Amount \$ \_\_\_\_\_

Co-Insurance \$ \_\_\_\_\_

Co-Pay \$ \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION:** I will provide insurance cards, referrals and other necessary information to process my insurance claims, otherwise I am responsible for all the charges as Ashok P. C. cannot send the claims. I authorize providers at Ashok, P.C. to provide care as they deem appropriate, to release to my insurance carrier any medical information necessary to process all claims and to send all payments of medical claims directly to providers at Ashok, P.C. I am responsible for any referral denials, non-covered items, deductibles, pre-existing clauses, and any additional co-pays my insurance company does not cover; I am financially responsible for all charges including interest and billing charges. I authorize my physician and/or other providers to perform allergy skin testing, lung function testing, sinus cope, or any other diagnostic testing. I have received the notice of Privacy Practices. I authorize my doctors to contact me or my family to disclose my test results and/or send results to my email. I will go to the emergency room for further evaluation and treatment if my symptoms worsen.

Because of my financial hardship, I couldn't afford to pay my co-pay today.

I will keep my follow-up appointments as advised. If I do not keep my appointments, I can develop poor outcomes. Why? Depending on my progress, during follow-up visits:

1. Dr. Patel can change my medications, for example, add new ones, decrease the dose, or stop them.
2. Dr. Patel can add more tests to confirm or revise the diagnosis.
3. Dr. Patel can refer me to another doctor.
4. Dr. Patel may have some other ideas.
5. I will come for follow up to discuss the results of the tests; I may suffer poor outcomes if I do not come for follow-up to discuss the test results in person.

I understand that if I do not keep my follow-up appointments, I take full responsibility for any adverse outcomes which may arise because I failed to keep my follow-up appointments. Continuing care with Dr. Patel requires follow-ups. By not keeping follow-up appointments I am implying that I do not want to continue care with Dr. Patel. If I cannot keep my follow-up appointment, I will reschedule it and keep the rescheduled appointment.

Patient/ Guardian Printed Name: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Balance	
Today's Charges	
Adjustments/Discounts	
<input type="checkbox"/> Check #	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Credit Card	
TOTAL	
<input type="checkbox"/> Y <input type="checkbox"/> N Paid on account/Copay	
Initials _____	

Office New Pt	Dx Code	Est Pt	Dx Code	Office Consult	Dx Code	Hosp Consult	Dx Code	Office Prolonged	Emergency Visits
99201		99211 (MA Vst)		99241		99251		99254 (1 <sup>st</sup> hr)	99050 (after hrs)
99202		99212		99242		99252		99255 (add 30 mins)	99051 (N/wkend)
99203		99213 (Dx 2)		99243		99253		94070	
99204		99214 (Dx 3)		99244		99254			
99205		99215 (Dx >4)		99245		99255			
Percut. Inhal		Units	Dx Code	SPIROMETRY		ACUTE CARE		Units	Dx Code
95004				Graphic	94010	Oximetry Single	94780		
95004				Pre & Post-BD	94080	Oximetry multiple	94761		
95024				Prolonged PST-BD	94070	Nebulizer	94640		
95017				Flow-Vol Loop	94375	Albuterol Solution	J7613		
95018				Pulmonary Stress Simple	94618	DuoNeb	J7620		
95044						MEDICATION INJECTIONS			Dx Code
95076						Epinephrine	J0171		
95079				Electrocardiogram	93000	ALLERGY INJECTIONS			UNITS
SKIN TESTING		Dx Code	OTHER PROCEDURES		Dx Code	95115	1		
11100	1 2		Rhino Laryngoscopy	31575		95117	2		
87210			Rapid Strep Test	87880		95180	3 4 5 6 7 8		
IMMUNIZATION		ICD	CPT	Rapid Influenza Test	87804				
Influenza Age: 3 yrs +	Z23	90656		Urinalysis Test	81002				
Pneumovax	Z23	90732				<input type="checkbox"/> Nucala <input type="checkbox"/> Xolair Injection	96372	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Tetanus and Diphtheria	Z23	90718				<input type="checkbox"/> Dupixent	96372	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

1	Urticaria	L50.0 All	L50.1 IDI	L50.2 Cold	L50.3 Derm	L50.4 Vibr	L50.5 Chol	L25.1 Cont	L50.9 Unspec
2	Drug All	Z88.0 PCN	Z88.1 Other Antibiotics	Z88.2 Sulfa	Z88.3 PCN Anti infective	Z88.4 Anesthetic	Z88.5 NAR		
3	Drug All	Z88.6 ANA	Z88.6 S&V	T50.905A Unspec					
4	Food All	T78.00XA Unspec	T78.01XA Peanut	T78.02XS Shell	T78.03XA Fish	T78.04XA Fruits & Veggies			
5	Food All	T78.05XA TNuts & Seeds	T78.06XA Additives	T78.07XA Milk & Dairy	T78.08XA Egg				
6	Food All	Z91.010 Peanut	Z91.011 Milk	Z91.012 Egg	Z91.013 Seafood	Z91.018 Oth Food			
7	Rhinitis	J30.1 Allergic/ Pollen	J30.89 Allergic/ Other	J30.81 Allergic/ Pets	J31.0 Chronic	J00 Acute			
8	Sinusitis	J01.90 Acute	J32.9 Chronic						
9	Asthma	J45.20 Mid intermittent, uncomp	J45.30 Mild persistent, uncomp	J45.40 Moderate persistent, uncomp	J45.50 Severe persistent, uncomp				
10	Asthma	J45.22 Mid intermittent w/ status	J45.32 Mild persistent w/ Status	J45.42 Moderate persistent w/ status	J45.52 Severe persistent w/ status				
11	Asthma	J45.21 Mid intermittent w/ acute exacerbation	J45.31 Mild persistent w/ acute exacerbation	J45.41 Moderate persistent w/ acute exacerbation	J45.51 Severe persistent w/ acute exacerbation				
12	Others	J44.9 COPD	J43.9 Emphy	J42 Bronch	J41.8 Chronic Bronch	J20.9 Acut Bron			
13	Others	J18.9 CAP	J45.991 C V	R05 Chronic Cough	R06.02 Dysp				

14	L70.9	Acne-unspecified	37	E03.9	Hypothyroidism, Unspecified
15	J35.9	Adenoids/ Tonsils (Disease of)	38	R09.02	Hypoxemia
16	T63.4	Allergy, Sting (Bees, Hornets, Wasps)	39	D84.9	Immunodeficiency
17	T63.001A	Allergy, Venom (Snakes, Lizards, Spiders)	40	J84.10	Inflammatory Pulmonary Fibrosis (ILD)
18	T78.2XXA	Anaphylaxis	41	J11.1	Influenza
19	T78.3XXA	Angioedema	42	B08.1	Molluscum contagiosum
20	H61.23	Cerumen Impaction-B, L, R	43	Z91.19	Non-Compliance
21	R07.9	Chest pain, Unspecified	44	H66.90	Otitis Media, Unspecified
22	I50.9	Congestive Heart Failure	45	J02.9	Pharyngitis, Acute
23	H10.45	Conjunctivitis, Allergic	46	J33.9	Polyps, Nasal
24	D83.9	CVID, Unspecified	47	L29.9	Pruritus, Unspecified
25	L25.9	Dermatitis	48	R21	Rash
26	L20.84	Eczema, Atopic	49	L71.9	Rosacea
27	R04.0	Epistaxis	50	R06.02	Shortness of breath
28	R74.0	Elevated LFT-unspecified	51	L08.9	Subcutaneous skin infection
29	R53.83	Fatigue	52	F17.200	Tobacco Abuse
30	Z00.00	General Medical Exam w/o findings	53	B37.0	Thrush, Oral
31	Z00.1	General Medical Exam (infant/ child)	54	J06.9	URI, Acute, Unspecified
32	R51	Headaches	55	B07.9	Viral wart unspecified
33	B02.9	Herpes, Zoster	56	R06.2	Wheezing
34	B00.9	Herpes, Simplex	57	R53.1	Weakness
35	R49.0	Hoarseness			
36	R43.0	Hyposmia/ Anosmia			