

Please print: Primary Care Physician:

Ashok P.C. 540 E. Abriendo Ave. Ste D Pueblo, CO 81004 (719) 542-7222		Date: ____/____/____	No.
Patient Name _____			
Date of Birth _____		Cell no # _____	
Home # _____		Work # _____	
Email _____			
Address _____			
City _____		State _____	ZIP _____
Current Insurance _____			
Insured Name _____		Insured DOB _____	
Insured Employer _____			
Would you like your billing statement emailed/ text? <input type="checkbox"/> Y <input type="checkbox"/> 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.

I authorize Ashok PC and/or Dr. Patel to communicate with me, including financial issues via text messages and email. By coming to the clinic, you and any guests voluntarily assume all risks related to exposure to COVID-19 and agree not to hold Ashok R Patel or Ashok P. C. or any of their affiliates, directors, officers, employees, agents, contractors, or volunteers liable for any illness or injury.

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 <input type="checkbox"/> Y <input type="checkbox"/> N Copay	
Initials _____	

Telephone Encounter	Office New Pt	Dx Code	Est Pt	Dx Code	Office Consult	Dx Code	Hosp Consult	Dx Code	Office Prolonged	Emergency Visits	
99441 5-10min	99201		99211 (MA Visit)		99241		99251		99354 (1st hr)	99050 (after hrs)	
99442 11-20 min	99202		99212		99242		99252		99355 (add 30 mins)	99051 (N/wkend)	
99443 21-30 min	99203		99213 (Dx 2)		99243		99253		94070		
99451 Consult	99204		99214 (Dx 3)		99244		99254				
	99205		99215 (Dx > 4)		99245		99255				
		Units	Dx Code	SPIROMETRY			Dx Code	ACUTE CARE		Units	Dx Code
Percut. Inhal	95004			Graphic		94010		Oximetry Single	94760		
Percut. Foods	95004			Pre & Post-BD		94060		Oximetry multiple	94761		
Intraderm	95024			Prolonged PST-BD		94070		Nebulizer	94640		
Percut. Insects	95017			Flow-Vol Loop		94375		Albuterol Solution	J7613		
Percut. Drugs	95018			Pulmonary Stress Simple		94618		DuoNeb	J7620		
Patch Test	95044							MEDICATION INJECTIONS			Dx Code
Oral Challenge (120 min)	95076							Epinephrine	J0171		
Oral Challenge (60 add)	95079			Electrocardiogram		93000		ALLERGY INJECTIONS		UNITS	
SKIN TESTING			Dx Code	OTHER PROCEDURES			Dx Code	95115		1	
Skin Biopsy Lesion	11100	1 2		Rhino Laryngoscopy		31575		95117		2	
Skin Scraping	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		<input type="checkbox"/> Nucala <input type="checkbox"/> Xolair Injection		96372	<input type="checkbox"/> 1 <input type="checkbox"/> 2
Pneumovax	Z23	90732						<input type="checkbox"/> Dupixent		96372	<input type="checkbox"/> 1 <input type="checkbox"/> 2
Tetanus and Diphtheria	Z23	90718									

Urticaria	1. L50.0 All	2. L50.1 IDI	3. L50.2 Cold	4. L50.3 Derm	5. L50.4 Vbr	6. L50.5 Chol	7. L25.1 Cont	8. L50.9 Unspec
Drug Allergies	9. Z88.0 PCN	10. Z88.1 Other Antibiotics	11. Z88.2 Sulfa	12. Z88.3 PCN Anti infective	13. Z88.4 Anesthetic	14. Z88.5 NAR		
Drug Allergies	15. Z88.6 ANA	16. Z88.6 S&V	17. T50.905A Unspec					
Food Allergies	18. T78.00XA Unspec	19. T78.01XA Peanut	20. T78.02XS Shell	21. T78.03XA Fish	22. T78.04XA Fruits & Veggies			
Food Allergies	23. T78.05XA Tree Nuts & Seeds	24. T78.06XA Additives	25. T78.07XA Milk & Dairy	26. T78.08XA Egg				
Food Allergies	27. Z91.010 Peanut	28. Z91.011 Milk	29. Z91.012 Egg	30. Z91.013 Seafood	31. Z91.018 Other Food			
Rhinitis	32. J30.1 Allergic/ Pollen	33. J30.89 Allergic/ Other	34. J30.81 Allergic/ Pets	35. J31.0 Chronic	36. J00 Acute			
Sinusitis	37. J01.90 Acute	38. J32.9 Chronic						
Asthma	39. J45.20 Mild intermittent, uncomp	40. J45.30 Mild persistent, uncomp	41. J45.40 Moderate persistent, uncomp	42. J45.50 Severe persistent, uncomp				
Asthma	43. J45.22 Mild intermittent w/ status	44. J45.32 Mild persistent w/ Status	45. J45.42 Moderate persistent w/ status	46. J45.52 Severe persistent w/ status				
Asthma	47. J45.21 Mild intermittent w/ acute exacerbation	48. J45.31 Mild persistent w/ acute exacerbation	49. J45.41 Moderate persistent w/ acute exacerbation	50. J45.51 Severe persistent w/ acute exacerbation				
Others	51. J44.9 COPD	52. J43.9 Emphysema	53. J42 Bronchitis	54. J41.8 Chronic Bronchitis	55. J20.9 Acute Bronchitis			
Others	56. J18.9 CAP	57. J45.991 C V	58. R05 Chronic Cough	59. R06.02 Dyspnea				

60	L70.9	Acne-unspecified	83	E03.9	Hypothyroidism, Unspecified
61	J35.9	Adenoids/ Tonsils (Disease of)	84	R09.02	Hypoxemia
62	T63.4	Allergy, Sting (Bees, Hornets, Wasps)	85	D84.9	Immunodeficiency
63	T63.001A	Allergy, Venom (Snakes, Lizards, Spiders)	86	J84.10	Inflammatory Pulmonary Fibrosis (ILD)
64	T78.2XXA	Anaphylaxis	87	J11.1	Influenza
65	T78.3XXA	Angioedema	88	B08.1	Molluscum contagiosum
66	H61.23	Cerumen Impaction-B, L, R	89	Z91.19	Non-Compliance
67	R07.9	Chest pain, Unspecified	90	H66.90	Otitis Media, Unspecified
68	I50.9	Congestive Heart Failure	91	J02.9	Pharyngitis, Acute
69	H10.45	Conjunctivitis, Allergic	92	J33.9	Polyps, Nasal
70	D83.9	CVID, Unspecified	93	L29.9	Pruritus, Unspecified
71	L25.9	Dermatitis	94	R21	Rash
72	L20.84	Eczema, Atopic	95	L71.9	Rosacea
73	R04.0	Epistaxis	96	R06.02	Shortness of breath
74	R74.0	Elevated LFT-unspecified	97	L08.9	Subcutaneous skin infection
75	R53.83	Fatigue	98	F17.200	Tobacco Abuse
76	Z00.00	General Medical Exam w/o findings	99	B37.0	Thrush, Oral
77	Z00.1	General Medical Exam (infant/ child)	100	J06.9	URI, Acute, Unspecified
78	R51	Headaches	101	B07.9	Viral wart unspecified
79	B02.9	Herpes, Zoster	102	R06.2	Wheezing
80	B00.9	Herpes, Simplex	103	R53.1	Weakness
81	R49.0	Hoarseness			
82	R43.0	Hyposmia/ Anosmia			