

CMD Medical Center – Dr Doug Kegler

111 Magnolia Ste 1100 Orlando, FL 32801 Phone: (888) 348-8457 Fax: 888) 348-8457

Account #: 33398583				Address: 111 Magnolia Ste 1100				Copay: 0.00			
Patient Name: SMITH, JOE				ORLANDO FL, 32801-4322				Previous balance: 48.00			
Insurance: CMD Insurance								Today's time:			
Group #:				DOB: 05/18/1995 Age: 23 Sex: M				Today's payment: @IDOB			
Member #: 123456789				Email: Email@Emai.com				Balance due: 48.00			
Secondary Payer:				PHYSICAL MEDICINE Cont...				Appoint type:			
Group #:		[]		97760		Orthotics Exam		Appoint date:			
Member #:		[]		A5500		Diabetic Shoe Fitting 1 Pair (2)		RENDERING PROVIDER			
Chief Complaint:		[]		A5513		Diabetic Inserts 3 Pair (6)		[]		1 Dr Doug Kegler	
NEW		ESTAB		OFFICE VISIT		A6204		Sterile Dressing		MICROVAS	
[] 99202		Limited		99212		Limited		XRAYS / ULTRASOUNDS		[] 97001 Initial Evaluation	
[] 99203		Establish		99213		Intermediate		[] 73600		[] 97002 30 Day Evaluation	
[] 99204		Extended		99214		Extended		[] 73610		[] 97032 Electrical Stimulation x ___ Units	
[] 99204		Post Op						[] 73620		[] 97124 Massage x ___ Units	
[] 99995		NO Charge Per Doctor						[] 73630		PROCEDURES	
[] 99996		NO CALL / NO SHOW						[] 76880		[] 11730 Avulsion Nail	
PHYSICAL MEDICINE				INJECTIONS				[] 11732 Avulsion Nail Subsequent			
[] L1902		Ankle Brace /Gauklet Night Splint		[] 20605		Arthro Intermediate		[] 11750		Avulsion & Matrix Comp	
[] L4360		Pneumatic Walker		[] 20600		Arthro Small		[] 11755		BX, Nail Unit, Any Method (sep)	
[] L4398		PTTD Brace		[] 64632		Chemical Neurolytic inj		[] 11720		Debride Nails Manual	
[] L4396		Night Splint		[] J1100		Dexamethasone Sodium Phosphate		[] 11721		6 - 10 Nails	
[] L3100		Bunion Splint		[] J3301		Triamcinolone Acetate		[] 11040		Debride Eczematous/Infected Skin	
[] L3020		Orthotics / Metatarsal Pad		[] J3490		Marcaine		[] 11042		Debride Skin/Sub Thickness	
[] L3260		Surgical Shoe		[] L3030		Orthotics		[] 20550		[] 10060 I & D Abscess/Simple	
[] 29405		Short Leg Cast		[] 64450		Nerve Block		[] 28001		I & D Bursa Foot	
[] 29515		Short Leg Splint		ICD-9 DIAGNOSIS				[] 10140		I & D Hematoma	
[] 29540		Strapping: Ankle /Foot		[] 824.8		Fx Ankle		[] 10120		Incision & Removal of FB	
[] 29550		Strapping Toes		[] Q4038		Fiber cast Supplies		[] 825.20		[] 11055 Paring / Lesion	
[] 29445		Total Contact Cast		[] 825.25		Fx Metatarsal		[] 11056		2 – 4 Lesions	
[] 29580		Unna Boot R / L		[] 826.0		Fx Toe		[] 11057		5 or more Lesions	
[] 29581		Jones Compression		[] 274.9		Gout [] 727.4		[] 17110		Ganglion Cyst Wart Removal / Excision	
[] 95851		Bio Mechanical Exam		[] 735.0		Hallux Valgus		TESTING			
DIAGNOSIS				[] 735.2		Hallux RIGIDUS		[] 82962		Dm Strip testing	
[] 651.10		Abscess Toe		[] 735.4		Hammer Toe		[] G0434		Urine Testing Medicare private	
[] 726.71		Achilles Tendonitis		[] 726.73		Heel Spur		[] 80101		Urine Testing Medicaid BC BS	
[] 917.2		Blister		[] 701.1		Hyperkeratosis Lesions		ICD-9		DIAGNOSIS	
[] 727.1		Bunion/Tailor's Bunion		[] 718.37		Joint Instability		[] 714.0		Rheumatoid Arthritis	
[] 732.5		Calcaneal Apophysitis		[] 719.47		Joint Pain ANKLE/FOOT		[] 733.9		Sesamoiditis	
[] 682.7		Cellulitis Foot		[] 738.9		MAL. POS. Bone Acquired		[] 845.47		Sprain/Strain ANKLE / FOOT	
[] 713.5		Charcot's Arthropathy		[] 726.7		Metatarsalgia		[] 355.5		Tarsel Tunnel	
[] 924.3		Contusion Toe		[] 838.04		Met Plantar Flex		[] 727.06		Tenosynovitis	
[] 727.81		Contracture of Tendon		[] 703.8		Nail Dystrophy		[] 707.13		Ulcer Ankle	
[] 715.09		Degenerative Joint Disease		[] 703.0		Onychocryptosis		[] 707.15		Ulcer Foot / Toe	
[] 110.4		Dermatophytosis of Foot		[] 730.07		Osteomyelitis Foot / Ankle		[] 707.14		Ulcer Heel / Midfoot	
[] 110.1		Dermatophytosis of Nail		[] 729.5		Pain in Foot		[] V58.69		Urine Dx [] 304.90	
[] 250.80		Diabetes Controlled		[] 681.11		Paronychia		[] 454.8		Varicose Veins	
[] 250.82		Diabetes		[] 356.9		Peripheral Neuropathy		[] 459.81		Venous Insufficiency	
[] 736.79		Drop Foot		[] 728.71		Plantar Fasciitis		[] 078.10		Verucca (E) ___ R ___ L ___	
[] 782.3		Edema		[] 443.9		PVD		[] 892.0		Wound Foot	
				ADDITIONAL DIAGNOSIS / TESTS							
				1							
				2							
Physician Signature I certify that the above services were rendered by me.											
Patient Signature _____ Date: _____				NEXT APPOINTMENT DAY _____ TIME _____ :				PAID TODAY \$			
ROA PAID TODAY \$				M ___ T ___ W ___ TH ___ F ___				[] CASH [] CHECK # _____ [] Visa [] MC [] Disc [] Amex			