Physician: Hospital: **Default Date:** d / m / y Page: __ of __

	Ref. Physician: Dx Code: Other Codes (below):		Consult	Pt. Rv	AXX8	G345	G359	G342	G388	G381	G281	K070	K071	K013	K040	K015	G512	G382	Z403	Z408	☐BackBill & Date* d / m / y Service Date
		d / m / y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	d / m / y
		d / m / y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	d / m / y
		d / m / y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	d / m / y
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☐ Use same patient as above	Ref. Physician: Dx Code: Other Codes (below):		Consult	Pt. Rv	AXX8	G345	G359	G342	G388	G381	G281	K070	K071	K013	K040	K015	G512	G382	Z403	Z408	☐BackBill & Date* d / m / y Service Date
		d / m / y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	d / m / y
		d / m / y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	d / m / y
		d / m / y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	d / m / y
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		d / m / y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	d / m / y
		d / m / y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	d / m / y
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		d / m / y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	d / m / y
		d / m / y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	d / m / y
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		d / m / y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	d / m / y
		d / m / y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	d / m / y
		d / m / y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	d / m / y
		d / m / y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	d / m / y
		d / m / y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	d / m / y
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		d / m / y	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	d / m / y

LEGEND: *Pt.Rv (A443/1/4); G342 (IM) G388 (PO); G381(Low Txx); G281(+Drug); K070/1 (Homecare);K013 (I. Cnsl); K040/015 (G.Cnsl); G512 (Pall); G382(TeleSup);*Backbill to specified date. Otherwise, backbill to Full consult or last G512 found.*

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