

Working Papers

WORKING PAPERS

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For electronic versions of the Working Papers, which you can print for additional copies as needed, please visit the book's Online Learning Center:

www.mhhe.com/bayes8e

Working Papers are also included in Connect within relevant problems or simulations. Please go to <http://connect.mcgraw-hill.com>.

Name: _____ Date: _____

WORK ETHIC AND INTERPERSONAL RELATIONSHIPS

Directions: Match the term in Column 2 with its definition in Column 1.

Column 1

- _____ 1. On time and ready to work.
- _____ 2. Inspired to increase knowledge and to advance.
- _____ 3. Able to produce work with few or no errors.
- _____ 4. Able to understand how a patient feels.
- _____ 5. Careful to pay attention to detail.
- _____ 6. Truthful; trustworthy.
- _____ 7. Privacy for all patient information.
- _____ 8. Ability to take independent action.
- _____ 9. The correct appearance for the job.
- _____ 10. Able to present ideas and information without offending.
- _____ 11. A person who works well with associates and pitches in when needed.
- _____ 12. Able to make good use of time and materials and to be organized.
- _____ 13. Able to present ideas to others with confidence.
- _____ 14. Pleasant and friendly.
- _____ 15. Able to adapt to new conditions; willing to try new ideas.

Column 2

- a. accurate
- b. assertive
- c. cheerful
- d. confidentiality
- e. efficient
- f. empathetic
- g. flexible
- h. honest
- i. initiative
- j. professional image
- k. punctual
- l. self-motivated
- m. tactful
- n. team player
- o. thorough

Name: _____ Date: _____

PHYSICIAN'S OBLIGATIONS AND MEDICAL LAW

Directions: The following items refer to the obligations of the physician and/or medical law. Mark each statement with either "T" for *true* or "F" for *false*. Be prepared to discuss your answers.

- _____ 1. The Principles of Medical Ethics state that the physician may refuse to accept a new patient.
- _____ 2. A license to practice is good for the life of the physician.
- _____ 3. A physician must obtain an annual permit for narcotic registration.
- _____ 4. The physician is legally obligated to inform a patient of all possible reactions to a medication.
- _____ 5. A physician must obtain a written consent before seeing a new patient.
- _____ 6. A physician is legally obligated to seek a referral if the conditions are beyond the physician's scope of knowledge.
- _____ 7. A physician's license to practice medicine is valid in all 50 states.
- _____ 8. Medical practice acts, established by law, govern the practice of medicine.
- _____ 9. The physician cannot refuse to perform a procedure on a patient because of that physician's moral beliefs.
- _____ 10. The Drug Education Administration issues narcotic registration and annual renewals.
- _____ 11. When a patient visits a physician for an appointment, he or she is establishing implied consent.
- _____ 12. A physician must obtain the maximum amount of education in a particular medical specialty before becoming certified in that specialty.
- _____ 13. The adult age as defined by law is known as *majority*.
- _____ 14. Express consent is not required in an emergency situation.
- _____ 15. A physician must sign a consent form before performing any procedure.

Name: _____ Date: _____

MEDICAL LIABILITY AND COMMUNICATIONS

Directions: The following items refer to medical liability and communications. Mark each statement with either “T” for *true* or “F” for *false*. Be prepared to discuss your answers.

- _____ 1. The charge of battery exists when there is a clear threat of injury to another.
- _____ 2. A subpoena orders the defendant to answer the stated charges.
- _____ 3. Contributory negligence may exist if the patient has failed to follow the physician’s advice and treatment.
- _____ 4. Access to health records is the form that contains written permission to release patient information.
- _____ 5. Defensive medicine means the physician is dissolving legal responsibility.
- _____ 6. An authorization for release of information does not have the physician’s signature.
- _____ 7. A statute of limitations controls the time limit for starting a lawsuit.
- _____ 8. Using e-mail to transmit medical documents is preferred over faxing documents.
- _____ 9. In a lawsuit, the burden of proof that malpractice exists rests on the patient.
- _____ 10. The physician may be charged with medical abandonment if the physician discontinues care without sending proper notification to the patient.
- _____ 11. Statutory reports require that the patient’s condition be reported to the patient’s insurance.
- _____ 12. Operating beyond the patient’s expressed consent may establish a charge of battery.
- _____ 13. A deposition is sent to the defendant requiring the defendant’s appearance in court.
- _____ 14. The Good Samaritan Act states that a patient may start a lawsuit upon reaching majority.
- _____ 15. HIPAA is a federal law that protects the security and privacy of a patient’s electronic health information.

LEGAL TERMS

Directions: Match the term in Column 2 with its definition in Column 1.

Column 1

- _____ 1. Standards of right and wrong conduct.
- _____ 2. Adherence to rules and regulations.
- _____ 3. Patient's permission for treatment when he or she enters a doctor's office.
- _____ 4. Legal responsibility.
- _____ 5. Testimony under oath, usually outside of court.
- _____ 6. Behavior and customs that are considered good manners.
- _____ 7. Time limit for a lawsuit to start.
- _____ 8. Physician's leaving a case before the patient is recovered.
- _____ 9. State law that governs the state's practice of medicine.
- _____ 10. Patient's written agreement to have a procedure performed.
- _____ 11. Clear threat of injury.
- _____ 12. Depriving others of their rights by dishonest means.
- _____ 13. A lawsuit.
- _____ 14. Legal document ordering all relevant documents to be submitted to the court.
- _____ 15. Authorization to send the patient's information to another physician.
- _____ 16. Operating beyond the patient's given consent.
- _____ 17. Written notice sent to the defendant asking for an answer to the charges.
- _____ 18. Resolution of a case brought about by an unbiased third party.
- _____ 19. Protection for the physician from liability of civil damages in emergency care.
- _____ 20. Confidential information that must be submitted to the state department.

Column 2

- a. abandonment
- b. arbitration
- c. assault
- d. battery
- e. compliance
- f. deposition
- g. ethics
- h. etiquette
- i. express consent
- j. fraud
- k. Good Samaritan Act
- l. implied consent
- m. liability
- n. litigation
- o. medical practice act
- p. release of information
- q. statute of limitations
- r. statutory report
- s. subpoena
- t. summons

OUTSIDE SERVICES

<p>Hugh Arnold, MD 2785 South Ridgeway Avenue, Suite 440 Chicago, IL 60647-2700 312-555-6800</p> <p style="text-align: right;">Internist</p>	<p>Martinez Transcription Service 2200 South Ridgeway Avenue Chicago, IL 60623-2000 312-555-2424</p> <p style="text-align: right;">Betze Martinez</p>
<p>Jason Berger, MD 5000 North Oak Park Drive Chicago, IL 60634-0005 312-555-7050</p> <p style="text-align: right;">Personal friend</p>	<p>Elizabeth Miller-Young, MD 2901 West Fifth Avenue, Suite 205 Chicago, IL 60612-9002 312-555-3500</p> <p style="text-align: right;">OB/GYN</p>
<p>Consumer Pharmacy Pharmacists: 312-555-1252</p> <p style="text-align: right;">Dale Geddal, MD Joy Rishard, MD</p> <p style="text-align: right;">Pharmacy in medical center</p>	<p>Mark Newman, MD 2785 South Ridgeway Avenue Chicago, IL 60647-2700 312-555-2700</p> <p style="text-align: right;">On-call doctor</p>
<p>Lynn Corbett, MD Professional Building 8672 South Ridgeway Avenue, Suite 300 Chicago, IL 60623-2240 312-555-2300</p> <p style="text-align: right;">Cardiologist</p>	<p>Margery Pierce, MD 6452 North Ridgeway Avenue, Suite 209 Chicago, IL 60626-5462 312-555-4880</p> <p style="text-align: right;">Pediatrician</p>
<p>Richard Diangelis, MD 2785 South Ridgeway Avenue, Suite 280 Chicago, IL 60647-2700 312-555-1575</p> <p style="text-align: right;">Ophthalmologist</p>	<p>Laura Sinn, MD 2901 West Fifth Avenue, Suite 100 Chicago, IL 60612-9002 312-555-7850</p> <p style="text-align: right;">Urologist</p>
<p>Greg Koski, MD Professional Building 8672 South Ridgeway Avenue, Suite 350 Chicago, IL 60623-2240 312-555-4500</p> <p style="text-align: right;">Orthopedic surgeon</p>	<p>Theresa Townsend, MD 500 South Dearborn Street Chicago, IL 60605-0005 312-555-2200</p> <p style="text-align: right;">Chairperson Chicago Medical Society</p>
<p>University Hospital 5500 North Ridgeway Avenue Chicago, IL 60625-1200 312-555-2500</p>	<p>Education services: Juanita Yates 312-555-2950</p> <p>Human resources: 312-555-1200</p> <p>Resident services: Lee Eaton 312-555-3043</p>

CHART NOTE

Sherman, Florence
DOB: 05/22/19--
SHERFL01

10/05/20--

CHIEF COMPLAINT: Trouble with vision.

SUBJECTIVE: Patient is a 65-year-old female who had two episodes during the last week of jagged lights occurring in central visual field. These lasted 15–20 minutes; no other symptoms. Patient has long history of migraines.

OBJECTIVE: Within normal limits; specifically, no evidence of tear or hole in the retina.

ASSESSMENT: Migraine equivalent vs. posterior vitreous detachment.

PLAN: 1. Discussed with ophthalmologist, Richard Diangelis, MD. Patient advised about signs and symptoms of detachment of the retina and told to seek immediate medical attention should any of these signs appear.
 2. Trial of Midrin for migraines.
 3. Recheck in one to two months.
 4. Patient requests referral to Dr. Diangelis.

Karen Larsen, MD/ls

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RUBELLA (GERMAN MEASLES)

Double-space body.
Page numbers on upper
right starting on page 2.

↓ 2

DEFINITION

Rubella (german measles) is a ^{highly} communicable viral disease characterized by diffuse punctate, macular rash. Rubella is a relatively benign viral illness unless there is transplacental transmission. (Define the following terms: communicable, diffuse, punctate, transplacental, and macular.)

ETIOLOGY

Rubella is caused by rubella virus (Rubivirus) that is spread by air borne direct contact with nasopharyngeal secretion. This disease is communicable from one week before ^{the} rash appears to five days after the rash disappears. Rubella is most common in children but may also affect adults who were not infected during childhood. (Define the following terms: airborne, direct contact, and nasopharyngeal.)

INCIDENCE

Rubella occurs most often in the spring, but there are major epidemics occurring in 6- to 9-year cycles. (Investigate recent epidemics vs. the use of the vaccine.)

PATHOPHYSIOLOGY

The virus invades the nasopharynx and travels to the lymphglands, causing lymphadenopathy. Then in 5 to seven days it enters the blood stream stimulating an immune response causing the ^{skin} rash. This rash lasts about three days.

(Define lymphadenopathy.)

CLINICAL SYSTEMS

^{The first} clinical symptoms of rubella include swollen glands, fever, sore throat, cough, and fatigue. The ^{often} pruritic rash generally starts in 1 to 5 days after the prodrome. The rash begins on the face and ^{the} trunk and spreads to the upper and lower extremities. Symptom ^s of headache and conjunctivitis may occur after the rash. (Define conjunctivitis, pruritic, and swollen glands.)

ADDITIONAL ASSIGNMENT:

Investigate what complication ^s may occur to a fetus and a child with rubella, describing each complication plus its incidence.

Investigate what complication ^s may occur in adult ^s with rubella, describing each complication plus its incidence.

Investigate what diagnostic testing can be done for the occurrence ^{of} rubella.

Investigate treatment options.

MUMPS (INFECTIOUS PAROTITIS)

DEFINITION

Mumps is an ^{acute} viral disease that may include myalgia, anorexia, malaise, headache, low-grade fever, ^{and} parotid gland tenderness and unilateral or bi^{lateral} swelling, although many[#] other organs can be involved. (Define the following terms: *myalgia*, *anorexia*, and *malaise*.)

ETIOLOGY

Mumps is caused ^{by} paramyxovirus transmitted in saliva droplets or direct contact. The virus lives in the saliva ^{for} six to ⁹ days before the parotid gland swelling. The highest communicable period is 48 hours before the on^{set} of swelling but continues until swelling is decreased. Incubation period range^s from 14 to 25 days.

INCIDENCE

(Investigate the incidence in the past 10 years.)

PATHOPHYSIOLOGY

During the incubation period, the virus invades ^{the} salivary glands which causes tissue edema ^{and} and infiltration of lymphocytes. Degeneration of cells in the glandular tissue produce^s necrotic debris that plugs the ducts.

CLINICAL SYMPTOMS

The prodrome ^{of mumps} generally begins with ~~generally begins~~ myalgia, anorexia, malaise, headache, and low-grade fever. Next the patient may have an ear ^{ache} aggravated by chewing, temperature of 101[°] to 104[°] F, and pain from chewing food or drinking acidic liquid. Both the parotid gland and other salivary glands ^{may} become swollen. (Define *prodrome*.)

ADDITIONAL ASSIGNMENT:

Investigate what complications may occur with mumps ^{both} in children and adults.

Summarize how mumps would be diagnosed.

Summarize outpatient and inpatient ^{of} complications of treatment.

Name: _____ Date: _____

COMMUNICATIONS TERMS

Directions: Match the term in Column 2 with its definition in Column 1.

Column 1

- _____ 1. The type of letter formatting that begins all parts of the letter at the left margin.
- _____ 2. Manuscript source at the bottom of the page on which the source is cited.
- _____ 3. Careful reading and examination of a document to find and correct errors.
- _____ 4. Style that has a colon after the salutation and a comma after the complimentary closing.
- _____ 5. To skim a document and write notes in the margin.
- _____ 6. Letter that begins the date line, complimentary closing, and signature line at the center point.
- _____ 7. Style without punctuation after the salutation and complimentary closing.
- _____ 8. Assessing a document to determine its clarity, consistency, and overall effectiveness.
- _____ 9. Manuscript sources placed on a separate page following the last page of text.

Column 2

- a. annotate
- b. block-style letter
- c. editing
- d. endnotes
- e. footnote
- f. modified-block-style letter
- g. open punctuation
- h. proofreading
- i. standard/mixed punctuation

MESSAGE

TO _____ DATE _____ TIME _____

FROM _____

PHONE _____

PLEASE CALL RETURNED YOUR CALL WILL CALL AGAIN

REGARDING _____

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TAKEN BY _____

SCHEDULING DECISION MAKING

Directions: The following calls in Column 1 are for a family practice physician. The physician does see emergencies in the office. Choose the appropriate response from Column 2 to indicate when an appointment should be made for **STAT**, **Today**, **Tomorrow**, **Later**, or a message taken — **Take message**.

Column 1

- _____ 1. Loni Kayen desires weight control, 312-555-9834.
- _____ 2. North Lab's report on prothrombin time for Walter Boone; control was 11.6; patient, 18, 312-555-6757.
- _____ 3. Hank Holm at 312-555-4432 wants to talk to the doctor about his left leg cast; it seems too tight, feels numbness in his toes.
- _____ 4. Brian Verk at 312-555-2389 needs diabetes recheck.
- _____ 5. Kay Frank, bee sting, left face check, swelling and a hard spot in the middle; she has no allergies; 312-555-6734.
- _____ 6. Beth Cater has a urinary problem, hurts to urinate, no blood in urine, 312-555-9823.
- _____ 7. True Value Drug, 312-555-9877, prescription refill Diane Yvon, Coumadin 5 mg each a.m. before breakfast #30, last filled two months ago.
- _____ 8. Hu Grangdon, rash over abdomen times 2 days, itching, no new foods or meds, 312-555-3341.
- _____ 9. Ben Jones, BP recheck, 312-555-3478.
- _____ 10. Dana Lund, annual Pap smear, 312-555-0043.
- _____ 11. Donna Kelly, son Alex got hit in head with a bat, bleeding, swelling, 312-555-9822.
- _____ 12. North X-ray, 312-555-6757, chest x-ray on Ann Tyn is negative.
- _____ 13. Pamela Bond, 6-week checkup for baby Keith, 312-555-5636.
- _____ 14. Rein Los Ames, age 2 months, cranky, pulling right ear, slight temperature, 312-555-3223.
- _____ 15. Tom Urness, 312-555-5574, age 47, noticed blood in stools, very concerned, read about colon cancer in recent magazine.
- _____ 16. Karin Olsson, age 72, infected hangnail with green pus, hurts, swollen, 312-555-9966.
- _____ 17. Wendy Rinke, age 8, something in her eye, red, watering. Father was sanding where she was playing, 312-555-7845.

Column 2

- a. STAT
- b. Today
- c. Tomorrow
- d. Later
- e. Take message

KAREN LARSEN, MD, OFFICE SCHEDULE

2235 South Ridgeway Avenue

Chicago, IL 60623-2240

312-555-6022

Fax: 312-555-0025

Monday, Tuesday, and Wednesday

Hospital rounds	8:00 A.M. – 10:00 A.M.
Travel time	10:00 A.M. – 10:30 A.M.
Patient appointments	10:30 A.M. – 12 noon
Lunch	12 noon – 1:00 P.M.
Teach and work at University Hospital	1:00 P.M. – 5:00 P.M.

Thursday

Teach and work at University Hospital	8:00 A.M. – 5:00 P.M.
---------------------------------------	-----------------------

Friday

Hospital rounds	8:00 A.M. – 10:00 A.M.
Travel time	10:00 A.M. – 10:30 A.M.
Office for dictation, messages, writing, and course preparation	10:30 A.M. – 12 noon
Office closed	12 noon – 5:00 P.M.

Length of Appointments

Complete physical examination	1 hour
All other appointments, unless designated	15 minutes

Appointment Abbreviations

abd	abdominal
BP	blood pressure
✓	checkup
Dx	diagnosis
ECG	electrocardiogram
F/U	follow-up visit
FX	fracture
GI	gastrointestinal
N & V	nausea and vomiting
NP	new patient
CPE, PE	physical examination
preop	preoperative
postop	postoperative

Monday, October 10

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Wednesday, October 12

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9:45	_____
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10:00	_____
10:15	_____
10:30	University
10:45	_____
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11:00	Hospital
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Friday, October 14

8:00	_____
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8:30	_____
8:45	Hospital
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9:00	_____
9:15	Rounds
9:30	_____
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10:00	Travel
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12:00	_____
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12:30	_____
12:45	_____
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1:00	Office
1:15	_____
1:30	Closed
1:45	_____
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October

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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December

S	M	T	W	T	F	S
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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Monday, October 17

Tuesday, October 18

Wednesday, October 19

8:00 _____

8:15 _____

8:30 _____

8:45 Hospital _____

9:00 _____

9:15 Rounds _____

9:30 _____

9:45 _____

10:00 Travel _____

10:15 _____

10:30 _____

10:45 _____

11:00 _____

11:15 _____

11:30 _____

11:45 _____

12:00 _____

12:15 Lunch _____

12:30 _____

12:45 _____

1:00 _____

1:15 _____

1:30 _____

1:45 University _____

2:00 Hospital _____

2:15 _____

2:30 _____

2:45 _____

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8:15 _____

8:30 _____

8:45 Hospital _____

9:00 _____

9:15 Rounds _____

9:30 _____

9:45 _____

10:00 Travel _____

10:15 _____

10:30 _____

10:45 _____

11:00 _____

11:15 _____

11:30 _____

11:45 _____

12:00 _____

12:15 Lunch _____

12:30 _____

12:45 _____

1:00 _____

1:15 _____

1:30 _____

1:45 University _____

2:00 Hospital _____

2:15 _____

2:30 _____

2:45 _____

3:00 _____

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8:00 _____

8:15 _____

8:30 _____

8:45 Hospital _____

9:00 _____

9:15 Rounds _____

9:30 _____

9:45 _____

10:00 Travel _____

10:15 _____

10:30 _____

10:45 _____

11:00 _____

11:15 _____

11:30 _____

11:45 _____

12:00 _____

12:15 Lunch _____

12:30 _____

12:45 _____

1:00 _____

1:15 _____

1:30 _____

1:45 University _____

2:00 Hospital _____

2:15 _____

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2:45 _____

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Thursday, October 20

8:00 _____
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10:00 _____
 10:15 _____
 10:30 University
 10:45 _____

11:00 Hospital
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Friday, October 21

8:00 _____
 8:15 _____
 8:30 _____
 8:45 Hospital

9:00 _____
 9:15 Rounds
 9:30 _____
 9:45 _____

10:00 Travel
 10:15 _____
 10:30 _____
 10:45 _____

11:00 _____
 11:15 _____
 11:30 _____
 11:45 _____

12:00 _____
 12:15 _____
 12:30 _____
 12:45 _____

1:00 Office
 1:15 _____
 1:30 Closed
 1:45 _____

2:00 _____
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3:00 _____
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5:00 _____

October

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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November

S	M	T	W	T	F	S
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Monday, October 24

Tuesday, October 25

Wednesday, October 26

8:00 _____
 8:15 _____
 8:30 _____
 8:45 Hospital _____
 9:00 _____
 9:15 Rounds _____
 9:30 _____
 9:45 _____
 10:00 Travel _____
 10:15 _____
 10:30 _____
 10:45 _____
 11:00 _____
 11:15 _____
 11:30 _____
 11:45 _____
 12:00 _____
 12:15 Lunch _____
 12:30 _____
 12:45 _____
 1:00 _____
 1:15 _____
 1:30 _____
 1:45 University _____
 2:00 Hospital _____
 2:15 _____
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 4:30 _____
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8:00 _____
 8:15 _____
 8:30 _____
 8:45 Hospital _____
 9:00 _____
 9:15 Rounds _____
 9:30 _____
 9:45 _____
 10:00 Travel _____
 10:15 _____
 10:30 _____
 10:45 _____
 11:00 _____
 11:15 _____
 11:30 _____
 11:45 _____
 12:00 _____
 12:15 Lunch _____
 12:30 _____
 12:45 _____
 1:00 _____
 1:15 _____
 1:30 _____
 1:45 University _____
 2:00 Hospital _____
 2:15 _____
 2:30 _____
 2:45 _____
 3:00 _____
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 4:00 _____
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 5:00 _____

8:00 _____
 8:15 _____
 8:30 _____
 8:45 Hospital _____
 9:00 _____
 9:15 Rounds _____
 9:30 _____
 9:45 _____
 10:00 Travel _____
 10:15 _____
 10:30 _____
 10:45 _____
 11:00 _____
 11:15 _____
 11:30 _____
 11:45 _____
 12:00 _____
 12:15 Lunch _____
 12:30 _____
 12:45 _____
 1:00 _____
 1:15 _____
 1:30 _____
 1:45 University _____
 2:00 Hospital _____
 2:15 _____
 2:30 _____
 2:45 _____
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Thursday, October 27

8:00	_____
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8:45	_____
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9:00	_____
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9:45	_____
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10:00	_____
10:15	_____
10:30	University
10:45	_____
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11:00	Hospital
11:15	_____
11:30	_____
11:45	_____
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12:00	_____
12:15	_____
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12:45	_____
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4:00	_____
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Friday, October 28

8:00	_____
8:15	_____
8:30	_____
8:45	Hospital
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9:00	_____
9:15	Rounds
9:30	_____
9:45	_____
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10:00	Travel
10:15	_____
10:30	_____
10:45	_____
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11:00	_____
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11:30	_____
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12:00	_____
12:15	_____
12:30	_____
12:45	_____
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1:00	Office
1:15	_____
1:30	Closed
1:45	_____
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2:00	_____
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October

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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Monday, October 31

8:00	
8:15	
8:30	
8:45	Hospital
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9:00	
9:15	Rounds
9:30	
9:45	
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10:00	Travel
10:15	
10:30	
10:45	
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11:00	Joseph Castro, CPE
11:15	555-1020
11:30	
11:45	
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12:00	
12:15	Lunch
12:30	
12:45	
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1:00	
1:15	
1:30	
1:45	University
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2:00	Hospital
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Tuesday, November 1

8:00	
8:15	
8:30	
8:45	Hospital
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9:00	
9:15	Rounds
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9:45	
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10:00	Travel
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11:00	
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11:45	
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12:00	
12:15	Lunch
12:30	
12:45	
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1:00	
1:15	
1:30	
1:45	University
<hr/>	
2:00	Hospital
2:15	
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5:00	

Wednesday, November 2

8:00	
8:15	
8:30	
8:45	Hospital
<hr/>	
9:00	
9:15	Rounds
9:30	
9:45	
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10:00	Travel
10:15	
10:30	Clarence Rogers, CPE
10:45	555-5297
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11:00	
11:15	
11:30	
11:45	
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12:00	
12:15	Lunch
12:30	
12:45	
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1:00	
1:15	
1:30	
1:45	University
<hr/>	
2:00	Hospital
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Thursday, November 3

8:00 _____
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 8:30 _____
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9:00 _____
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10:00 _____
 10:15 _____
 10:30 University
 10:45 _____

11:00 Hospital
 11:15 _____
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Friday, November 4

8:00 _____
 8:15 _____
 8:30 _____
 8:45 Hospital

9:00 _____
 9:15 Rounds
 9:30 _____
 9:45 _____

10:00 Travel
 10:15 _____
 10:30 _____
 10:45 _____

11:00 _____
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12:00 _____
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 12:45 _____

1:00 Office
 1:15 _____
 1:30 Closed
 1:45 _____

2:00 _____
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5:00 _____

October

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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Monday, November 7

8:00	
8:15	
8:30	
8:45	Hospital
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9:00	
9:15	Rounds
9:30	
9:45	
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10:00	Travel
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12:00	
12:15	Lunch
12:30	
12:45	
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1:00	
1:15	
1:30	
1:45	University
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2:00	Hospital
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Tuesday, November 8

8:00	
8:15	
8:30	
8:45	Hospital
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9:00	
9:15	Rounds
9:30	
9:45	
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10:00	Travel
10:15	
10:30	
10:45	Raymond Murrery, CPE
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11:00	555-6343
11:15	
11:30	↓
11:45	
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12:00	
12:15	Lunch
12:30	
12:45	
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1:00	
1:15	
1:30	
1:45	University
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2:00	Hospital
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5:00	
	8 p.m. Chicago Medical Society

Wednesday, November 9

8:00	
8:15	
8:30	
8:45	Hospital
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9:00	
9:15	Rounds
9:30	
9:45	
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10:00	Travel
10:15	
10:30	
10:45	
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11:00	
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11:30	
11:45	
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12:00	
12:15	Lunch
12:30	
12:45	
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1:00	
1:15	
1:30	
1:45	University
<hr/>	
2:00	Hospital
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Thursday, November 10

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10:00	_____
10:15	_____
10:30	University
10:45	_____
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11:00	Hospital
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11:45	_____
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Friday, November 11

8:00	_____
8:15	_____
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8:45	Hospital
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9:00	_____
9:15	Rounds
9:30	_____
9:45	_____
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10:00	Travel
10:15	_____
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10:45	_____
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11:00	_____
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12:00	_____
12:15	_____
12:30	_____
12:45	_____
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1:00	Office
1:15	_____
1:30	Closed
1:45	_____
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2:00	_____
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October

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23	24	25	26	27	28	29
30	31					

November

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Monday, November 14

Tuesday, November 15

Wednesday, November 16

8:00 _____

8:15 _____

8:30 _____

8:45 Hospital _____

9:00 _____

9:15 Rounds _____

9:30 _____

9:45 _____

10:00 Travel _____

10:15 _____

10:30 _____

10:45 _____

11:00 _____

11:15 _____

11:30 _____

11:45 _____

12:00 _____

12:15 Lunch _____

12:30 _____

12:45 _____

1:00 _____

1:15 _____

1:30 _____

1:45 University _____

2:00 Hospital _____

2:15 _____

2:30 _____

2:45 _____

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8:15 _____

8:30 _____

8:45 Hospital _____

9:00 _____

9:15 Rounds _____

9:30 _____

9:45 _____

10:00 Travel _____

10:15 _____

10:30 _____

10:45 _____

11:00 _____

11:15 _____

11:30 _____

11:45 _____

12:00 _____

12:15 Lunch _____

12:30 _____

12:45 _____

1:00 _____

1:15 _____

1:30 _____

1:45 University _____

2:00 Hospital _____

2:15 _____

2:30 _____

2:45 _____

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4:15 _____

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8:00 _____

8:15 _____

8:30 _____

8:45 Hospital _____

9:00 _____

9:15 Rounds _____

9:30 _____

9:45 _____

10:00 Travel _____

10:15 _____

10:30 _____

10:45 _____

11:00 _____

11:15 _____

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Thursday, November 17

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November

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Monday, November 21

Tuesday, November 22

Wednesday, November 23

8:00 _____
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 9:15 Rounds _____
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November

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December

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Monday, November 28

Tuesday, November 29

Wednesday, November 30

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October

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November

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December

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24	25	26	27	28	29	30
31						

YOUR APPOINTMENT IS: _____
_____ AT _____
SPECIAL INSTRUCTIONS:

KAREN LARSEN, MD
2235 South Ridgeway Avenue
Chicago, IL 60623-2240
312-555-6022

PLEASE CALL IF YOU CANNOT KEEP THIS APPOINTMENT.

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_____ AT _____
SPECIAL INSTRUCTIONS:

KAREN LARSEN, MD
2235 South Ridgeway Avenue
Chicago, IL 60623-2240
312-555-6022

PLEASE CALL IF YOU CANNOT KEEP THIS APPOINTMENT.

OUT-OF-OFFICE SCHEDULING

Directions: You are working for several physicians: Dr. R. Gain, a cardiologist; Dr. J. Brent, a family practice physician; and Dr. E. Oren, a general surgeon. Determine what element is missing in the situations in Column 1. Choose the appropriate response from Column 2.

Column 1

- _____ 1. Dr. Gain asks you to admit the patient, age 72, with a recent myocardial infarction to University Hospital today for controlled cardiovascular monitoring.
- _____ 2. Dr. Oren asks you to schedule a gastrectomy for Les Weiner, age 65, at University Hospital next Monday or Tuesday morning.
- _____ 3. Dr. Brent asks you to schedule Mary Maye for a bone marrow aspiration at University Hospital Lab because of her iron deficiency anemia.
- _____ 4. Peter Nu fractured his right wrist playing racquetball. Dr. Brent wants you to schedule an appointment with an orthopedic surgeon as soon as possible for possible surgery.
- _____ 5. Dr. Brent asks you to refer a 4-year-old patient, Jan Davis, with acute lymphocytic leukemia to an oncologist next week to start a program of chemotherapy.
- _____ 6. Dr. Oren wants you to schedule a short-stay surgery room at University Hospital for Tina Messer next Tuesday morning. Tina has a nodule in her right breast.
- _____ 7. Dr. Gain wants you to admit Ian Wenth to University Hospital. Ian has pulmonary insufficiency caused by pneumonia and will need intensive oxygen therapy.
- _____ 8. Patient Larry Phen has been diagnosed with emphysema. Dr. Gain now wants to refer Larry to a pulmonary specialist as soon as possible for therapeutic management.
- _____ 9. Dr. Brent wants to refer this patient as soon as possible to Dr. Henri Wilson, a neurologist. The patient's migraines have increased in frequency and in severity; her therapeutic program needs to be reevaluated.
- _____ 10. Dr. Oren wants you to admit Jane Hanson with appendicitis to University Hospital this morning.

Column 2

- a. Specialist's name
- b. Patient's name
- c. Diagnosis or problem
- d. When to be seen
- e. Procedure to be performed

COMPUTER TERMS

Directions: Match the term in Column 2 with its definition in Column 1.

Column 1

- _____ 1. Software that relates to specific tasks, such as word processing.
- _____ 2. Communications system for exchanging messages written on a computer over telephone lines.
- _____ 3. Portable, notebook-sized computers.
- _____ 4. The brain of a computer.
- _____ 5. Software that allows a person to edit a printed document.
- _____ 6. A display screen.
- _____ 7. Software that transcribes spoken words into text without using a keyboard.
- _____ 8. A system that allows a group of computers to communicate, exchange information, or pool resources.
- _____ 9. Software that allows the creation of images on the computer.
- _____ 10. A collection of related data.
- _____ 11. Temporary computer memory.
- _____ 12. Software that allows numerical data to be tabulated according to mathematical formulas.
- _____ 13. A device to input data.

Column 2

- a. application software
- b. CPU
- c. database
- d. e-mail
- e. graphics application
- f. keyboard
- g. monitor
- h. networking
- i. laptops
- j. RAM
- k. spreadsheet program
- l. voice-recognition software
- m. word processing program

Name: _____ Date: _____

COMPUTER TECHNOLOGY

Directions: The following items refer to computer technology. Mark each statement with either “T” for *true* or “F” for *false*. Be prepared to discuss your answers.

- _____ 1. It is easier to locate open time slots for appointments on an electronic schedule than on a paper schedule.
- _____ 2. Only one user at a time can access a file on a network.
- _____ 3. A mainframe computer is necessary to operate any doctor’s office.
- _____ 4. A firewall prevents outside parties from having access to the office’s particular files.
- _____ 5. ROM is temporary; everything in ROM disappears when the computer is shut down.
- _____ 6. When you are online, you are connected to a network.
- _____ 7. An electronic medical record must be backed up with a paper medical record.
- _____ 8. E-mail systems do not allow you to print messages.
- _____ 9. A transaction database contains data on a specific patient’s visit, including such items as services rendered during that visit, necessary diagnosis and procedure codes, and so forth.
- _____ 10. The cost of filing an electronic insurance claim is higher than that of filing a paper copy.
- _____ 11. A scanner allows you to enter information into the computer’s memory without keying it.
- _____ 12. Designing the work environment to conform to the physical needs of a user is ergonomics.
- _____ 13. A firewall turns data into unrecognizable information during transmission.
- _____ 14. Wireless communication transmits data through telephone wires.
- _____ 15. The most powerful computer available is the supercomputer.
- _____ 16. Virus checkers do not need to be updated.
- _____ 17. A screen saver protects data from being seen by others.
- _____ 18. Everyone in the medical office will be performing audit trails on computer usage.
- _____ 19. Passwords are designed to limit access to computer files.
- _____ 20. An office does not need a signed release-of-information form for use with electronic health records.

Knowledge of the EHR

Directions: The following items refer to electronic health records. Mark each statement with either “T” for *true* or “F” for *false*. Be prepared to discuss your answers.

- _____ 1. The use of EHR has been an unnatural outgrowth of the widespread clinical use of computers in the healthcare industry.
- _____ 2. For many facilities and private practices the cost of EHR is prohibitive.
- _____ 3. Frequent and ongoing training for medical team members is imperative to ensure the integrity of the input data and the security of the system.
- _____ 4. Policies and procedures for updating personnel and evidence of the training should be placed in the personnel manual.
- _____ 5. Implementation of electronic health records is mandated by the federal government.
- _____ 6. Until electronic health records are fully implemented into the healthcare system, scanners will be provided.
- _____ 7. After all office medical documents have been scanned into the system, hardcopy lab reports, consultation letters, etc., will automatically be entered into the patient’s electronic records.
- _____ 8. Converting paper-based records to electronic health records requires the scanning of paper records into the electronic database.
- _____ 9. Errors will not occur in EHR, only in the paper-based record.
- _____ 10. There is no need for proofreading electronic medical data.
- _____ 11. An amendment can be used to make a correction in an electronic medical record.
- _____ 12. An electronic signature or initials are not needed when correcting erroneous information in the EHR.
- _____ 13. Completely removing electronic data is an acceptable practice when utilizing EHR.
- _____ 14. There are many advantages to converting from paper-based medical records to EHR.
- _____ 15. Initial cost and contract fees are relatively inexpensive for healthcare providers.

Welcome

Please complete this form using only ink. This information will remain confidential.

PATIENT INFORMATION

Last name:	First name:	Initial:	Date of birth:	Home phone:
Address:			Marital status: (check appropriate box) S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>	Sex M F
City:	State:	ZIP:	Social Security number:	
Patient's employer: (If student, name of school.)			Employment address:	
			Business phone:	
Bill to:			Relationship:	
Address:			City:	State:
			ZIP:	

NOTIFY IN CASE OF EMERGENCY

Name:			Relationship:	
Address:			Phone:	
City:	State:	ZIP:		

INSURANCE INFORMATION

Primary insurance company:			Secondary insurance company:	
Subscriber's name:		DOB:	Subscriber's name:	
			DOB:	
Policy #:	Group #:		Policy #:	Group #:

OTHER INFORMATION

Reason for visit:	Name of referring physician:
_____	_____
Patient's signature/Parent or guardian's signature	Today's date

Welcome

Please complete this form using only ink. This information will remain confidential.

PATIENT INFORMATION

Last name:	First name:	Initial:	Date of birth:	Home phone:
Address:		Marital status: (check appropriate box) S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>		Sex M F
City:	State:	ZIP:	Social Security number:	
Patient's employer: (If student, name of school.)		Employment address:		
		Business phone:		
Bill to:		Relationship:		
Address:		City:	State:	ZIP:
NOTIFY IN CASE OF EMERGENCY				
Name:		Relationship:		
Address:		Phone:		
City:	State:	ZIP:		
INSURANCE INFORMATION				
Primary insurance company:		Secondary insurance company:		
Subscriber's name:		DOB:	Subscriber's name:	
			DOB:	
Policy #:	Group #:		Policy #:	Group #:
OTHER INFORMATION				
Reason for visit:		Name of referring physician:		
Patient's signature/Parent or guardian's signature		Today's date		

RECORDS RELEASE

TO: _____ Healthcare provider

Address

City, State, ZIP

I authorize the above-named healthcare provider to release the specified information listed below to the following physician:

Karen Larsen, MD
2235 South Ridgeway Avenue
Chicago, IL 60623-2240
312-555-6022
Fax: 312-555-0025

PATIENT: _____ DOB: _____

Address

City, State, ZIP

Please include _____ specific records
Signed _____ Date _____

RECORDS RELEASE

TO: _____ Healthcare provider

Address

City, State, ZIP

I authorize the above-named healthcare provider to release the specified information listed below to the following physician:

Karen Larsen, MD
2235 South Ridgeway Avenue
Chicago, IL 60623-2240
312-555-6022
Fax: 312-555-0025

PATIENT: _____ DOB: _____

Address

City, State, ZIP

Please include _____ specific records
Signed _____ Date _____

TELEPHONE LOG

Date _____

TIME	CALLER	TELEPHONE NUMBER	REASON	DONE

TO-DO LIST

Date _____

RUSH	ITEMS TO DO	DONE

INSURANCE TERMINOLOGY

Directions: Match the term in Column 2 with its definition in Column 1.

Column 1

- _____ 1. Insurance through employment, with all employees having one master policy.
- _____ 2. Person who is covered by an insurance policy.
- _____ 3. Insurance company that provides insurance benefits.
- _____ 4. Provides reimbursement for income lost because of insured's illness.
- _____ 5. Rate charged for policy.
- _____ 6. Healthcare professional who supplies the healthcare.
- _____ 7. Ensures that payment for medical expenses will not exceed 100 percent of the medical expenses.
- _____ 8. Generally covers hospitalization, lab tests, surgery, and x-rays.
- _____ 9. A term used to describe an insurance company in the context of the doctor's and patient's relationship.
- _____ 10. Covers medically necessary services while insured is an inpatient.
- _____ 11. Covers physician's services for office visits.
- _____ 12. Covers medical expenses in a catastrophic situation.
- _____ 13. In a family with two family insurance contracts, determines which policy will be the primary carrier for the children.
- _____ 14. Covers physician's fee for surgery.
- _____ 15. Person in whose name the policy is written.

Column 2

- a. basic insurance plan
- b. birthday rule
- c. carrier
- d. COB
- e. disability insurance
- f. group insurance
- g. hospital insurance
- h. insured
- i. major medical insurance
- j. medical insurance
- k. policyholder
- l. premium
- m. provider
- n. surgical insurance
- o. third-party payer

Name: _____ Date: _____

INSURANCE PLANS, PAYERS, AND PAYMENT METHODS

Directions: The following items refer to insurance plans and processing claims. Mark each statement with either “T” for *true* or “F” for *false*. Be prepared to discuss your answers.

- _____ 1. Coinsurance is the amount of medical expense that the insured must pay before the insurance carrier begins paying benefits.
- _____ 2. A government agency called the Centers for Medicare and Medicaid Services (CMS) administers the Medicare and Medicaid programs.
- _____ 3. In an indemnity plan, patients receive medical services from a primary care physician who coordinates the patients’ overall care.
- _____ 4. Coinsurance is the percentage of each claim that the insured must pay, according to the terms of the insurance policy.
- _____ 5. Everyone eligible for Medicare Part A (hospitalization insurance) automatically receives Medicare Part B (medical insurance).
- _____ 6. *Balance billing* refers to billing the patient for any amount due on a provider’s bill after the insurance company has taken care of its responsibility.
- _____ 7. The customary fee, in insurance terms, is the most the insurance company will pay any provider for a given procedure.
- _____ 8. Every time HMO and PPO members visit their physician, they pay a set charge called a copayment.
- _____ 9. A PAR provider who agrees to accept the allowed charge set forth by the insurance company as payment in full is accepting assignment.
- _____ 10. In a capitated plan, a physician may receive \$35 per month for each patient assigned to him or her, even if the patient receives no care during that month.
- _____ 11. A Medicare participating provider decides whether to accept assignment on a claim-by-claim basis.
- _____ 12. RBRVS is the payment system used by Medicare for determining how much it will pay for inpatient care.
- _____ 13. When the amount the physician charges is more than the insurance company’s allowed charge, the difference must be absorbed by the insurance company or the provider.

ICD-10-CM DIAGNOSTIC CODES

Codes	Description
N92.1	Amenorrhea
D64.9	Anemia
I20 .9	Angina
I49.9	Arrhythmia
M12.9	Arthritis, NOS
M06.9	Arthritis, rheumatoid
M19.90	Arthritis/DJD/Osteo
J45.909	Asthma
R82.99	Bacteruria
H01.009	Blepharitis
J40	Bronchitis
L03.90	Cellulitis/Abscess
I67.9	Cerebrovascular disease
R07.9	Chest pain
I50.9	CHF
K81.9	Cholecystitis
H10.9	Conjunctivitis
R05	Cough
L25.9	Dermatitis
Z83.3	Diabetes family history
E10.9	Diabetes I—IDDM
E11.9	Diabetes II—NIDDM
R19.7	Diarrhea
K57.32	Diverticulitis
R42	Dizziness/Lightheadedness
K30	Dyspepsia
R30.0	Dysuria
R60.9	Edema
Z02.1	Employment exam
R04.0	Epistaxis
R53.83	Fatigue
T15.82XA	FB, left eye
T15.81XA	FB, right eye
T15.80xA	FB, unspecified
R50.9	Fever
K29.70	Gastritis, unspecified, without bleeding
K52.9	Gastroenteritis and colitis, noninfective, unspecified
A08.8	Gastroenteritis, viral
K21.9	Gastroesophageal reflux
R51	Headache
G43.909	Headache, migraine
Z82.49	Heart disease family history
E78.0	Hypercholesterolemia
E78.5	Hyperlipidemia
I10	Hypertension
J11.1	Influenza
G47.00	Insomnia
K58.9	Irritable bowel

Codes	Description
M25.50	Joint pain
R59.9	Lymphadenopathy
N95.9	Menopausal symptom
N93.9	Menstrual disorder
R11.0	Nausea
E66.9	Obesity
M81.0	Osteoporosis, age-related
H60.399	Otitis externa, other, unspecified ear
H66.90	Otitis media
R10.9	Pain, abdominal
M54.9	Pain, back, low
M79.1	Pain, muscular
R00.2	Palpitations
R10.2	Pelvic pain, female
J02.9	Pharyngitis/Sore throat
J18.9	Pneumonia
R63.1	Polydipsia
R35.8	Polyuria
Z32.0	Pregnancy test, positive results
Z01.818	Pre-op
Z00.00	Preventive, adult
Z01.419	Preventive including GYN exam, without abnormal findings
Z00.129	Preventive, pediatric
Z02.89	Preventive, school admission
N40.0	Prostatic hypertrophy, benign
N41.9	Prostatitis
R80.9	Proteinuria
R97.2	PSA, elevated
R21	Rash/Skin eruption
R06.02	Shortness of breath
J01.90	Sinusitis, acute
R00.0	Tachycardia
R89.9	Throat culture, positive
H93.19	Tinnitus
J03.90	Tonsillitis, acute
K51.20	Ulcerative colitis/Proctitis
J06.9	URI
R35.0	Urinary frequency
R32	Urinary incontinence
N39.0	UTI
N76.0	Vaginitis, acute
B97.89	Viral infection
Z11.59	Viral screening, unspecified
R11.10	Vomiting
D72.89	wbc high
D70.9	wbc low
R63.4	Weight loss

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
	03/08/20--	Annual exam/CBC/UA	185.00	25.00	-----	160.00
Patient Information			Patient <u>Provost, Janet</u>			
7921 W. 42d Street			Date: 03/08/20--		Chart #	
Address			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses: 1. <u>200.00</u> 2. _____ 3. _____ 4. _____	
Chicago, IL 60632-1426						
City, State, ZIP			312-555-6022		Fax: 312-555-0025	
312-555-4279 312-555-6264						
Home phone			same		self	
Work phone						
same			Blue Cross/Blue Shield		407-55-1275	
Responsible person						
Relationship			Insurance		Contract numbers	
Blue Cross/Blue Shield						
Insurance			OFFICE VISITS			
New Patient			Established Patient			
Preventive Medicine						
_____ 99201	_____ 99381	under 1 year	_____ 99391	_____ 99211		
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99212		
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99213		
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99214		
_____ 99205	_____ 99385	18-39	136 _____ 99395	_____ 99215		
_____ 99205	_____ 99386	40-64	_____ 99396	_____ 99215		
_____ 99205	_____ 99387	65+	_____ 99397	_____ 99215		
Hospital Visits		Lab:		Injections:		
Initial:		_____ 80048 Basic		_____ 86308 Monospot		_____ 90471 admin 1 vac
_____ 99221		metabolic panel		test		_____ 90472 each add'l vac
_____ 99222		(SMA-8)		_____ 88150 Pap		_____ 90716 Chickenpox
_____ 99223		_____ 87110 Chlamydia		_____ 85610 Prothrombin		_____ 90702 DT
Subsequent:		culture		time		_____ 90700 DTP
_____ 99231		_____ 85651 ESR;		_____ 84152 PSA		_____ 90657 Influenza
_____ 99232		nonautomated		_____ 86430 Rheumatoid		_____ 90658 Influenza
_____ 99233		_____ 83001 FSH		factor		6-35 months
Nursing Facility		_____ 82947 Glucose,		_____ 82270 Stool		_____ 90710 MMRV,
Initial:		blood		hemocult x 3		subcutaneous
_____ 99304		_____ 25 85022 Hemogram		_____ 87430 Strep screen		_____ 90707 MMR
_____ 99305		(CBC) with		_____ 84478 Triglycerides		_____ 90704 Mumps
_____ 99306		differential		_____ 84443 TSH		_____ 90713 Polio vac
Other		_____ 80076 Hepatic		_____ 24 81001 UA with		inactivated (IPV)
_____		function panel		microscopy		_____ 90703 Tetanus Tox
_____		_____ 85018 HGB		_____ 87088 UC		ECG: _____ 93000 ECG
_____		_____ 86701 HIV-1		_____ 84550 Uric acid,		Other
_____		_____ 83002 LH		blood		_____
_____		_____ 80061 Lipid panel		_____ 81025 Urine		_____
_____		_____ 86617 Lyme		pregnancy test		_____
_____		antibody		_____		_____
_____		_____		_____		_____

Fee Schedule – Karen Larsen, MD

New Patient		Established Patient	
Preventive Medicine			
<u>54</u> 99201	<u>139</u> 99381	under 1 year	<u>110</u> 99391
<u>73</u> 99202	<u>145</u> 99382	1–4	<u>123</u> 99392
<u>100</u> 99203	<u>142</u> 99383	5–11	<u>128</u> 99393
<u>147</u> 99204	<u>177</u> 99384	12–17	<u>148</u> 99394
<u>190</u> 99205	<u>165</u> 99385	18–39	<u>136</u> 99395
	<u>178</u> 99386	40–64	<u>148</u> 99396
	<u>199</u> 99387	65+	<u>119</u> 99397
<u>29</u> 99211			<u>44</u> 99212
			<u>60</u> 99213
			<u>87</u> 99214
			<u>134</u> 99215
Hospital Visits Initial: <u>121</u> 99221 <u>172</u> 99222 <u>217</u> 99223 Subsequent: <u>65</u> 99231 <u>90</u> 99232 <u>132</u> 99233 Nursing Facility Initial: <u>53</u> 99304 <u>77</u> 99305 <u>109</u> 99306 Other <hr/> <hr/>	Lab: <u>51</u> 80048 Basic metabolic panel (SMA-8) <u>74</u> 87110 Chlamydia culture <u>21</u> 85651 ESR; nonautomated <u>97</u> 83001 FSH <u>21</u> 82947 Glucose, blood <u>25</u> 85022 Hemogram (CBC) with differential <u>55</u> 80076 Hepatic function panel <u>13</u> 85018 HGB <u>77</u> 86701 HIV-1 <u>97</u> 83002 LH <u>72</u> 80061 Lipid panel <u>86</u> 86617 Lyme antibody <u>33</u> 86308 Monospot test	<u>33</u> 88150 Pap <u>23</u> 85610 Prothrombin time <u>91</u> 84152 PSA <u>30</u> 86430 Rheumatoid factor <u>15</u> 82270 Stool hemocult x 3 <u>39</u> 87430 Strep screen <u>21</u> 84478 Triglycerides <u>69</u> 84443 TSH <u>24</u> 81001 UA with microscopy <u>35</u> 87088 UC <u>20</u> 84550 Uric acid, blood <u>23</u> 81025 Urine pregnancy test	Injections: <u>10</u> 90471 admin 1 vac <u>8</u> 90472 each add'l vac <u>133</u> 90716 Chickenpox <u>31</u> 90702 DT <u>78</u> 90700 DTP <u>30</u> 90657 Influenza 6–35 months <u>35</u> 90658 Influenza 3 years + <u>40</u> 90710 MMRV, subcutaneous <u>104</u> 90707 MMR <u>51</u> 90704 Mumps <u>52</u> 90713 Polio vac inactivated (IPV) <u>26</u> 90703 Tetanus Tox ECG: <u>70</u> 93000 ECG Other <hr/> <hr/> <hr/>

DAILY JOURNAL

DATE 10/17/20-- SHEET NO. 102

RECEIPT NUMBER	DATE	DESCRIPTION CODE	CHARGE	PAYMENT	ADJUSTMENTS	BALANCE	PREVIOUS BALANCE	NAME
1	10/17	OV	44 00			44 00		Sherman
2	10/17	OV/Strep screen	83 00	16 60		66 40		Villano
3	10/17	OV	44 00			147 00	103 00	Robertson
4	10/17	OV/LAB	241 00	48 20		192 80		Armstrong
5	10/17	OV	44 00			44 00		Casagranda
6								
7								
32								
33								
34								

ALL RECEIPTS MUST BE IN NUMERICAL ORDER

Proof of Posting
 Column E Total \$ _____
 Plus Column A Total \$ _____
 Subtotal \$ _____
 Minus Column B Total \$ _____
 Equals Column D Total \$ _____

Accounts Receivable Control
 Previous Balance \$ 6260.40
 Plus Column A \$ _____
 Subtotal \$ _____
 Minus Column B Total \$ _____
 Present Acc'ts Rec. Balance \$ _____

Daily Cash
 Opening Cash on Hand _____
 at Beginning of Day \$ -0-
 Cash Received During Day \$ _____
 Total \$ _____

TOTALS

Column A

Column B

Column C

Column D

Column E

DAILY JOURNAL

DATE 10/18/20-- SHEET NO. 103

RECEIPT NUMBER	DATE	DESCRIPTION CODE	CHARGE	PAYMENT	ADJUSTMENTS	BALANCE	PREVIOUS BALANCE	NAME
1	10/18	OV (WC)	44.00			44.00		Sun, Cheng
2	10/18	OV	44.00			44.00		Jonathan
3	10/18	CPE/LAB	278.00			278.00		Babcock
4								
5								
6								
7								
32								
33								
34								

← ALL RECEIPTS MUST BE IN NUMERICAL ORDER

Proof of Posting
 Column E Total \$ _____
 Plus Column A Total \$ _____
 Subtotal \$ _____
 Minus Column B Total \$ _____
 Equals Column D Total \$ _____

Accounts Receivable Control
 Previous Balance \$ _____
 Plus Column A \$ _____
 Subtotal \$ _____
 Minus Column B Total \$ _____
 Present Acc'ts Rec. Balance \$ _____

Daily Cash
 Opening Cash on Hand _____
 at Beginning of Day \$ _____
 Cash Received During Day \$ _____
 Total \$ _____

TOTALS

Column A

Column B

Column C

Column D

Column E

DAILY JOURNAL

DATE 10/19/20-- SHEET NO. 104

RECEIPT NUMBER	DATE	DESCRIPTION CODE	CHARGE	PAYMENT	ADJUSTMENTS	BALANCE	PREVIOUS BALANCE	NAME
1	10/19	OV	44 00	---	---			Sinclair
2	10/19	OV	44 00	---	---			Lund
3	10/19	OV	44 00	8 80	---			Mendez
4	10/19	CPE/UA	163 00	---	---			Mitchell, D.
5	10/19	OV	44 00	---	---			Dayton
6	10/19	Nursing home visit	53 00	---	---			Murray
7								
32								
33								
34								

ALL RECEIPTS MUST BE IN NUMERICAL ORDER

Proof of Posting
 Column E Total \$ _____
 Plus Column A Total \$ _____
 Subtotal \$ _____
 Minus Column B Total \$ _____
 Equals Column D Total \$ _____

Accounts Receivable Control
 Previous Balance \$ _____
 Plus Column A \$ _____
 Subtotal \$ _____
 Minus Column B Total \$ _____
 Present Acc'ts Rec. Balance \$ _____

Daily Cash
 Opening Cash on Hand _____
 at Beginning of Day \$ _____
 Cash Received During Day \$ _____
 Total \$ _____

TOTALS

Column E

Column D

Column C

Column B

Column A

DAILY JOURNAL

DATE _____ SHEET NO. _____

RECEIPT NUMBER	DATE	DESCRIPTION CODE	CHARGE	PAYMENT	ADJUSTMENTS	BALANCE	PREVIOUS BALANCE	NAME				
1												
2												
3												
4												
5												
6												
7												
.....												
32												
33												
34												
							Column A	Column B	Column C	Column D	Column E	TOTALS

← ALL RECEIPTS MUST BE IN NUMERICAL ORDER

Proof of Posting
 Column E Total \$ _____
 Plus Column A Total \$ _____
 Subtotal \$ _____
 Minus Column B Total \$ _____
 Equals Column D Total \$ _____

Accounts Receivable Control
 Previous Balance \$ _____
 Plus Column A \$ _____
 Subtotal \$ _____
 Minus Column B Total \$ _____
 Present Acc'ts Rec. Balance \$ _____

Daily Cash
 Opening Cash on Hand _____
 at Beginning of Day \$ _____
 Cash Received During Day \$ _____
 Total \$ _____

TAI CLINIC, INC.
Grace Tai, MD
100 Sun Valley Road, Lisle, IL 60532
312-555-9300

October 19, 20--

Karen Larsen, MD
2235 South Ridgeway Avenue
Chicago, IL 60623-2240

Dear Dr. Larsen:

RE: David Kramer

DOB: 4/28/20--

David is up to date on his immunizations. His immunization record is as follows:

DTP: 3 months (7/26/20--)	Oral polio: 3 months (7/26/20--)
6 months (10/22/20--)	6 months (10/22/20--)
9 months (1/29/20--)	9 months (1/29/20--)

MMR: 2 years (5/2/20--)

David is due for a booster DTP before starting kindergarten.

If you have any questions, please contact our office.

Sincerely,

Grace Tai, MD

Grace Tai, MD

jz

KL
Please file.

No. 1214
To _____
Date _____
For _____
Amount _____

No. _____
To _____
Date _____
For _____
Amount _____

No. _____
To _____
Date _____
For _____
Amount _____

No. _____
To _____
Date _____
For _____
Amount _____

No. 1214 20
Received from _____
_____ *Dollars*
For _____

\$ _____

No. _____ 20
Received from _____
_____ *Dollars*
For _____

\$ _____

No. _____ 20
Received from _____
_____ *Dollars*
For _____

\$ _____

No. _____ 20
Received from _____
_____ *Dollars*
For _____

\$ _____

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information						
2721 W. 18 th Street Address			Patient <u>Gene Sinclair</u>			
Chicago, IL 60608-6260 City, State, ZIP			Date: 10/19/20--		Chart #	
312-555-4381 Home phone			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
self Responsible person			312-555-6022		1. <u>L93.9</u>	
Medicare Insurance			Fax: 312-555-0025		2. _____	
322-91-7722A Contract numbers					3. _____	
					4. _____	
OFFICE VISITS						
New Patient			Established Patient			
Preventive Medicine						
_____ 99201	_____ 99381	under 1 year	_____ 99391	_____ 99211		
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99212		
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99213		
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99214		
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99215		
	_____ 99386	40-64	_____ 99396			
	_____ 99387	65+	_____ 99397			
Hospital Visits		Lab:		Injections:		
Initial:		_____ 80048 Basic		_____ 86308 Monospot		
_____ 99221		metabolic panel		test		_____ 90471 admin 1 vac
_____ 99222		(SMA-8)		_____ 88150 Pap		_____ 90472 each add'l
_____ 99223		_____ 87110 Chlamydia		_____ 85610 Prothrombin		vac
Subsequent:		culture		time		_____ 90716 Chickenpox
_____ 99231		_____ 85651 ESR;		_____ 84152 PSA		_____ 90702 DT
_____ 99232		nonautomated		_____ 86430 Rheumatoid		_____ 90700 DTP
_____ 99233		_____ 83001 FSH		factor		_____ 90657 Influenza
Nursing Facility		_____ 82947 Glucose,		_____ 82270 Stool		6-35 months
Initial:		blood		hemocult x 3		_____ 90658 Influenza
_____ 99304		_____ 85022 Hemogram		_____ 87430 Strep screen		3 years +
_____ 99305		(CBC) with		_____ 84478 Triglycerides		_____ 90710 MMRV,
_____ 99306		differential		_____ 84443 TSH		subcutaneous
Other		_____ 80076 Hepatic		_____ 81001 UA with		_____ 90707 MMR
_____		function panel		microscopy		_____ 90704 Mumps
_____		_____ 85018 HGB		_____ 87088 UC		_____ 90713 Polio vac
		_____ 86701 HIV-1		_____ 84550 Uric acid,		inactivated (IPV)
		_____ 83002 LH		blood		_____ 90703 Tetanus Tox
		_____ 80061 Lipid panel		_____ 81025 Urine		ECG: _____ 93000 ECG
		_____ 86617 Lyme		pregnancy test		
		antibody		_____		Other
				_____		_____
				_____		_____

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information						
13419 S. Buffalo Avenue Address			Patient <u>Laura Lund</u>			
Chicago, IL 60633-2010 City, State, ZIP			Date: 10/19/20--		Chart #	
312-555-4106 Home phone			312-555-8840 Work phone		Diagnoses:	
Lawrence Lund Responsible person			father Relationship		1. <u>S13.8XXA</u>	
Employee Benefit Plan Insurance			200-66-3980-01 Contract numbers		2. _____	
			312-555-6022 Fax: 312-555-0025		3. _____	
					4. _____	
OFFICE VISITS						
New Patient			Established Patient			
Preventive Medicine						
_____ 99201	_____ 99381	under 1 year	_____ 99391	_____ 99211		
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99212		
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99213		
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99214		
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99215		
	_____ 99386	40-64	_____ 99396			
	_____ 99387	65+	_____ 99397			
Hospital Visits		Lab:		Injections:		
Initial:		_____ 80048 Basic		_____ 90471 admin 1 vac		
_____ 99221		metabolic panel		_____ 90472 each add'l vac		
_____ 99222		_____ 87110 Chlamydia		_____ 90716 Chickenpox		
_____ 99223		culture		_____ 90702 DT		
Subsequent:		_____ 85651 ESR;		_____ 90700 DTP		
_____ 99231		nonautomated		_____ 90657 Influenza		
_____ 99232		_____ 83001 FSH		6-35 months		
_____ 99233		_____ 82947 Glucose,		_____ 90658 Influenza		
Nursing Facility		blood		3 years +		
Initial:		_____ 85022 Hemogram		_____ 90710 MMRV,		
_____ 99304		(CBC) with		subcutaneous		
_____ 99305		_____ 80076 Hepatic		_____ 90707 MMR		
_____ 99306		function panel		_____ 90704 Mumps		
Other		_____ 85018 HGB		_____ 90713 Polio vac		
_____		_____ 86701 HIV-1		inactivated (IPV)		
_____		_____ 83002 LH		_____ 90703 Tetanus Tox		
		_____ 80061 Lipid panel		ECG: _____ 93000 ECG		
		_____ 86617 Lyme antibody		_____		

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information						
3457 W. 63d Place Address			Patient Ana Mendez			
Chicago, IL 60629-4270 City, State, ZIP			Date: 10/19/20--		Chart #	
312-555-3606 Home phone Work phone			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
self Responsible person Relationship			312-555-6022		1. J03.90	
Blue Cross & Blue Shield 295-99-3325, 354 Grp Insurance Contract numbers			Fax: 312-555-0025		2. I88.9	
					3. _____	
					4. _____	
OFFICE VISITS						
New Patient				Established Patient		
Preventive Medicine						
_____ 99201	_____ 99381	under 1 year	_____ 99391	_____ 99211		
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99212		
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99213		
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99214		
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99215		
	_____ 99386	40-64	_____ 99396			
	_____ 99387	65+	_____ 99397			
Hospital Visits		Lab:		Injections:		
Initial:		_____ 80048 Basic		_____ 86308 Monospot		
_____ 99221		metabolic panel		test		_____ 90471 admin 1 vac
_____ 99222		(SMA-8)		_____ 88150 Pap		_____ 90472 each add'l
_____ 99223		_____ 87110 Chlamydia		_____ 85610 Prothrombin		vac
Subsequent:		culture		time		_____ 90716 Chickenpox
_____ 99231		_____ 85651 ESR;		_____ 84152 PSA		_____ 90702 DT
_____ 99232		nonautomated		_____ 86430 Rheumatoid		_____ 90700 DTP
_____ 99233		_____ 83001 FSH		factor		_____ 90657 Influenza
Nursing Facility		_____ 82947 Glucose,		_____ 82270 Stool		6-35 months
Initial:		blood		hemocult x 3		_____ 90658 Influenza
_____ 99304		_____ 85022 Hemogram		_____ 87430 Strep screen		3 years +
_____ 99305		(CBC) with		_____ 84478 Triglycerides		_____ 90710 MMRV,
_____ 99306		differential		_____ 84443 TSH		subcutaneous
Other		_____ 80076 Hepatic		_____ 81001 UA with		_____ 90707 MMR
_____		function panel		microscopy		_____ 90704 Mumps
_____		_____ 85018 HGB		_____ 87088 UC		_____ 90713 Polio vac
		_____ 86701 HIV-1		_____ 84550 Uric acid,		inactivated (IPV)
		_____ 83002 LH		blood		_____ 90703 Tetanus Tox
		_____ 80061 Lipid panel		_____ 81025 Urine		ECG: _____ 93000 ECG
		_____ 86617 Lyme		pregnancy test		
		antibody		_____		Other
				_____		_____
				_____		_____

No.	Date	Description	Charge	Credit		Current Balance	
				Payment	Adjustment		
Patient Information							
5231 W. School Street Address Chicago, IL 60651-2248 City, State, ZIP 312-555-8153 Home phone Alan Mitchell Responsible person New York Mutual Insurance			Patient Donald Mitchell Date: 10/19/20-- Chart # Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240 312-555-6022 Fax: 312-555-0025				
father 312-555-6141 Work phone father Relationship 304253, 5245 Grp Contract numbers			Diagnoses: 1. Z00.129 2. 3. 4.				
OFFICE VISITS							
New Patient			Established Patient				
Preventive Medicine							
_____ 99201	_____ 99381	under 1 year	_____ 99391	_____ 99211			
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99212			
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99213			
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99214			
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99215			
	_____ 99386	40-64	_____ 99396				
	_____ 99387	65+	_____ 99397				
Hospital Visits Initial: _____ 99221 _____ 99222 _____ 99223 Subsequent: _____ 99231 _____ 99232 _____ 99233 Nursing Facility Initial: _____ 99304 _____ 99305 _____ 99306 Other _____ _____		Lab: _____ 80048 Basic metabolic panel (SMA-8) _____ 87110 Chlamydia culture _____ 85651 ESR; nonautomated _____ 83001 FSH _____ 82947 Glucose, blood _____ 85022 Hemogram (CBC) with differential _____ 80076 Hepatic function panel _____ 85018 HGB _____ 86701 HIV-1 _____ 83002 LH _____ 80061 Lipid panel _____ 86617 Lyme antibody		_____ 86308 Monospot test _____ 88150 Pap _____ 85610 Prothrombin time _____ 84152 PSA _____ 86430 Rheumatoid factor _____ 82270 Stool hemocult x 3 _____ 87430 Strep screen _____ 84478 Triglycerides _____ 84443 TSH _____ 81001 UA with microscopy _____ 87088 UC _____ 84550 Uric acid, blood _____ 81025 Urine pregnancy test		Injections: _____ 90471 admin 1 vac _____ 90472 each add'l vac _____ 90716 Chickenpox _____ 90702 DT _____ 90700 DTP _____ 90657 Influenza 6-35 months _____ 90658 Influenza 3 years + _____ 90710 MMRV, subcutaneous _____ 90707 MMR _____ 90704 Mumps _____ 90713 Polio vac inactivated (IPV) _____ 90703 Tetanus Tox ECG: _____ 93000 ECG Other _____ _____	

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information						
105 W. Chestnut Street Address			Patient <u>Theresa Dayton</u>			
Chicago, IL 60610-2816 City, State, ZIP			Date: 10/19/20--		Chart #	
312-555-2231 312-555-2583 Home phone Work phone			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
self Responsible person Relationship			312-555-6022		1. <u>N60.09</u>	
University Health Plan, 797-90-1128, S357C Grp. Insurance Contract numbers			Fax: 312-555-0025		2. <u>Z30.9</u>	
					3. _____	
					4. _____	
OFFICE VISITS						
New Patient			Established Patient			
Preventive Medicine						
_____ 99201	_____ 99381	under 1 year	_____ 99391	_____ 99211		
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99212		
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99213		
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99214		
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99215		
	_____ 99386	40-64	_____ 99396			
	_____ 99387	65+	_____ 99397			
Hospital Visits		Lab:		Injections:		
Initial:		_____ 80048 Basic		_____ 86308 Monospot		
_____ 99221		metabolic panel		test		_____ 90471 admin 1 vac
_____ 99222		(SMA-8)		_____ 88150 Pap		_____ 90472 each add'l vac
_____ 99223		_____ 87110 Chlamydia		_____ 85610 Prothrombin		_____ 90716 Chickenpox
Subsequent:		culture		time		_____ 90702 DT
_____ 99231		_____ 85651 ESR;		_____ 84152 PSA		_____ 90700 DTP
_____ 99232		nonautomated		_____ 86430 Rheumatoid		_____ 90657 Influenza
_____ 99233		_____ 83001 FSH		factor		6-35 months
Nursing Facility		_____ 82947 Glucose,		_____ 82270 Stool		_____ 90658 Influenza
Initial:		blood		hemocult x 3		3 years +
_____ 99304		_____ 85022 Hemogram		_____ 87430 Strep screen		_____ 90710 MMRV,
_____ 99305		(CBC) with		_____ 84478 Triglycerides		subcutaneous
_____ 99306		differential		_____ 84443 TSH		_____ 90707 MMR
Other		_____ 80076 Hepatic		_____ 81001 UA with		_____ 90704 Mumps
_____		function panel		microscopy		_____ 90713 Polio vac
_____		_____ 85018 HGB		_____ 87088 UC		inactivated (IPV)
		_____ 86701 HIV-1		_____ 84550 Uric acid,		_____ 90703 Tetanus Tox
		_____ 83002 LH		blood		ECG: _____ 93000 ECG
		_____ 80061 Lipid panel		_____ 81025 Urine		
		_____ 86617 Lyme		pregnancy test		Other
		antibody		_____		_____
				_____		_____

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information						
3908 N. Central Avenue Address			Patient <u>Raymond Murrary</u>			
Chicago, IL 60634-3276 City, State, ZIP			Date: 10/19/20--		Chart #	
312-555-6343 Home phone Work phone			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240 312-555-6022 Fax: 312-555-0025		Diagnoses: 1. <u>J44.1</u> 2. <u>J40</u> 3. _____ 4. _____	
self Responsible person Relationship						
Medicare 555-88-3822B						
Insurance Contract numbers						
OFFICE VISITS						
New Patient			Established Patient			
Preventive Medicine						
_____ 99201	_____ 99381	under 1 year	_____ 99391	_____ 99211		
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99212		
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99213		
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99214		
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99215		
	_____ 99386	40-64	_____ 99396			
	_____ 99387	65+	_____ 99397			
Hospital Visits		Lab:		Injections:		
Initial:		_____ 80048 Basic		_____ 90471 admin 1 vac		
_____ 99221		metabolic panel		_____ 90472 each add'l vac		
_____ 99222		_____ 87110 Chlamydia		_____ 90716 Chickenpox		
_____ 99223		culture		_____ 90702 DT		
Subsequent:		_____ 85651 ESR;		_____ 90700 DTP		
_____ 99231		nonautomated		_____ 90657 Influenza		
_____ 99232		_____ 83001 FSH		6-35 months		
_____ 99233		_____ 82947 Glucose,		_____ 90658 Influenza		
Nursing Facility		blood		3 years +		
Initial:		_____ 85022 Hemogram		_____ 90710 MMRV,		
_____ 99304		(CBC) with		subcutaneous		
_____ 99305		_____ 80076 Hepatic		_____ 90707 MMR		
_____ 99306		function panel		_____ 90704 Mumps		
Other		_____ 85018 HGB		_____ 90713 Polio vac		
_____		_____ 86701 HIV-1		inactivated (IPV)		
_____		_____ 83002 LH		_____ 90703 Tetanus Tox		
		_____ 80061 Lipid panel		ECG: _____ 93000 ECG		
		_____ 86617 Lyme		Other		
		antibody		_____		

TELEPHONE LOG

Date _____

TIME	CALLER	TELEPHONE NUMBER	REASON	DONE

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information						
9340 S. Green Street Address			Patient _____ Marc Phan _____			
Chicago, IL 60620-8129 City, State, ZIP			Date: 10/24/20--		Chart #	
312-555-3344 Home phone			father 312-555-2577 Work phone		Diagnoses:	
Tam Phan Responsible person			father Relationship		1. J40	
University Health Plan, 888-90-8229 A287-05 Insurance			312-555-6022 Fax: 312-555-0025		2. L22	
					3. _____	
					4. _____	
OFFICE VISITS						
New Patient				Established Patient		
Preventive Medicine						
_____ 99201	_____ 99381	under 1 year	_____ 99391	_____ 99211		
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99212		
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99213		
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99214		
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99215		
	_____ 99386	40-64	_____ 99396			
	_____ 99387	65+	_____ 99397			
Hospital Visits		Lab:		Injections:		
Initial:		_____ 80048 Basic		_____ 86308 Monospot		_____ 90471 admin 1 vac
_____ 99221		metabolic panel		test		_____ 90472 each add'l vac
_____ 99222		(SMA-8)		_____ 88150 Pap		_____ 90716 Chickenpox
_____ 99223		_____ 87110 Chlamydia		_____ 85610 Prothrombin		_____ 90702 DT
Subsequent:		culture		time		_____ 90700 DTP
_____ 99231		_____ 85651 ESR;		_____ 84152 PSA		_____ 90657 Influenza
_____ 99232		nonautomated		_____ 86430 Rheumatoid		6-35 months
_____ 99233		_____ 83001 FSH		factor		_____ 90658 Influenza
Nursing Facility		_____ 82947 Glucose,		_____ 82270 Stool		3 years +
Initial:		blood		hemocult x 3		_____ 90710 MMRV,
_____ 99304		_____ 85022 Hemogram		_____ 87430 Strep screen		subcutaneous
_____ 99305		(CBC) with		_____ 84478 Triglycerides		_____ 90707 MMR
_____ 99306		differential		_____ 84443 TSH		_____ 90704 Mumps
Other		_____ 80076 Hepatic		_____ 81001 UA with		_____ 90713 Polio vac
_____		function panel		microscopy		inactivated (IPV)
_____		_____ 85018 HGB		_____ 87088 UC		_____ 90703 Tetanus Tox
		_____ 86701 HIV-1		_____ 84550 Uric acid,		ECG: _____ 93000 ECG
		_____ 83002 LH		blood		
		_____ 80061 Lipid panel		_____ 81025 Urine		
		_____ 86617 Lyme		pregnancy test		
		antibody		_____		Other
				_____		_____
				_____		_____

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information						
723 W. Sixth Place Address			Patient <u>Sarah Morton</u>			
Chicago, IL 60621-2314 City, State, ZIP			Date: 10/24/20--		Chart #	
312-555-2324 Home phone			mother 312-555-8876 Work phone		Diagnoses:	
Esther Morton Responsible person			mother Relationship		1. <u>M41.2Ø</u>	
Northstar Insurance 300-29-1874 255-03 Insurance			312-555-6022 Contract numbers		2. <u>M21.769</u>	
			Fax: 312-555-0025		3. _____	
					4. _____	
OFFICE VISITS						
New Patient				Established Patient		
Preventive Medicine						
_____ 99201	_____ 99381	under 1 year	_____ 99391			
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99211		
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99212		
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99213		
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99214		
	_____ 99386	40-64	_____ 99396	_____ 99215		
	_____ 99387	65+	_____ 99397			
Hospital Visits		Lab:		Injections:		
Initial:		_____ 80048 Basic		_____ 90471 admin 1 vac		
_____ 99221		metabolic panel		_____ 90472 each add'l		
_____ 99222		(SMA-8)		vac		
_____ 99223		_____ 87110 Chlamydia		_____ 90716 Chickenpox		
Subsequent:		culture		_____ 90702 DT		
_____ 99231		_____ 85651 ESR;		_____ 90700 DTP		
_____ 99232		nonautomated		_____ 90657 Influenza		
_____ 99233		_____ 83001 FSH		6-35 months		
Nursing Facility		_____ 82947 Glucose,		_____ 90658 Influenza		
Initial:		blood		3 years +		
_____ 99304		_____ 85022 Hemogram		_____ 90710 MMRV,		
_____ 99305		(CBC) with		subcutaneous		
_____ 99306		differential		_____ 90707 MMR		
Other		_____ 80076 Hepatic		_____ 90704 Mumps		
_____		function panel		_____ 90713 Polio vac		
_____		_____ 85018 HGB		inactivated (IPV)		
		_____ 86701 HIV-1		_____ 90703 Tetanus Tox		
		_____ 83002 LH		ECG: _____ 93000 ECG		
		_____ 80061 Lipid panel		Other		
		_____ 86617 Lyme		_____		
		antibody		_____		

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information						
3132 W. 42d Street Address			Patient _____ Doris Casagranda _____			
Chicago, IL 60632-1406 City, State, ZIP			Date: 10/24/20--		Chart #	
312-555-1200 Home phone			father 312-555-1245 Work phone		Diagnoses:	
George Casagranda Responsible person			father Relationship		1. L73.2	
National Insurance Insurance			497-27-3367-05 Contract numbers		2. _____	
			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240 312-555-6022 Fax: 312-555-0025		3. _____	
					4. _____	
OFFICE VISITS						
New Patient			Established Patient			
Preventive Medicine						
_____ 99201	_____ 99381	under 1 year	_____ 99391	_____ 99211		
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99212		
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99213		
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99214		
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99215		
	_____ 99386	40-64	_____ 99396			
	_____ 99387	65+	_____ 99397			
Hospital Visits		Lab:		Injections:		
Initial:		_____ 80048 Basic		_____ 86308 Monospot		
_____ 99221		metabolic panel		test		_____ 90471 admin 1 vac
_____ 99222		(SMA-8)		_____ 88150 Pap		_____ 90472 each add'l vac
_____ 99223		_____ 87110 Chlamydia		_____ 85610 Prothrombin		_____ 90716 Chickenpox
Subsequent:		culture		time		_____ 90702 DT
_____ 99231		_____ 85651 ESR;		_____ 84152 PSA		_____ 90700 DTP
_____ 99232		nonautomated		_____ 86430 Rheumatoid		_____ 90657 Influenza
_____ 99233		_____ 83001 FSH		factor		6-35 months
Nursing Facility		_____ 82947 Glucose,		_____ 82270 Stool		_____ 90658 Influenza
Initial:		blood		hemocult x 3		3 years +
_____ 99304		_____ 85022 Hemogram		_____ 87430 Strep screen		_____ 90710 MMRV,
_____ 99305		(CBC) with		_____ 84478 Triglycerides		subcutaneous
_____ 99306		differential		_____ 84443 TSH		_____ 90707 MMR
Other		_____ 80076 Hepatic		_____ 81001 UA with		_____ 90704 Mumps
_____		function panel		microscopy		_____ 90713 Polio vac
_____		_____ 85018 HGB		_____ 87088 UC		inactivated (IPV)
		_____ 86701 HIV-1		_____ 84550 Uric acid,		_____ 90703 Tetanus Tox
		_____ 83002 LH		blood		ECG: _____ 93000 ECG
		_____ 80061 Lipid panel		_____ 81025 Urine		
		_____ 86617 Lyme		pregnancy test		Other
		antibody		_____		_____
				_____		_____

No.	Date	Description	Charge	Credit		Current Balance	
				Payment	Adjustment		
Patient Information							
4345 W. Grace Street Address Chicago, IL 60641-6730 City, State, ZIP 312-555-7292 Home phone Work phone Paul Burton father Responsible person Relationship No insurance Insurance Contract numbers			Patient _____ Randy Burton _____ Date: 10/24/20-- Chart # Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240 312-555-6022 Fax: 312-555-0025 Diagnoses: 1. _____ Z00.129 _____ 2. _____ 3. _____ 4. _____				
OFFICE VISITS							
New Patient			Established Patient				
Preventive Medicine							
_____ 99201	_____ 99381	under 1 year	_____ 99391	_____ 99211			
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99212			
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99213			
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99214			
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99215			
	_____ 99386	40-64	_____ 99396				
	_____ 99387	65+	_____ 99397				
Hospital Visits Initial: _____ 99221 _____ 99222 _____ 99223 Subsequent: _____ 99231 _____ 99232 _____ 99233 Nursing Facility Initial: _____ 99304 _____ 99305 _____ 99306 Other _____ _____		Lab: _____ 80048 Basic metabolic panel (SMA-8) _____ 87110 Chlamydia culture _____ 85651 ESR; nonautomated _____ 83001 FSH _____ 82947 Glucose, blood _____ 85022 Hemogram (CBC) with differential _____ 80076 Hepatic function panel _____ 85018 HGB _____ 86701 HIV-1 _____ 83002 LH _____ 80061 Lipid panel _____ 86617 Lyme antibody		_____ 86308 Monospot test _____ 88150 Pap _____ 85610 Prothrombin time _____ 84152 PSA _____ 86430 Rheumatoid factor _____ 82270 Stool hemocult x 3 _____ 87430 Strep screen _____ 84478 Triglycerides _____ 84443 TSH _____ 81001 UA with microscopy _____ 87088 UC _____ 84550 Uric acid, blood _____ 81025 Urine pregnancy test _____ _____		Injections: _____ 90471 admin 1 vac _____ 90472 each add'l vac _____ 90716 Chickenpox _____ 90702 DT _____ 90700 DTP _____ 90657 Influenza 6-35 months _____ 90658 Influenza 3 years + _____ 90710 MMRV, subcutaneous _____ 90707 MMR _____ 90704 Mumps _____ 90713 Polio vac inactivated (IPV) _____ 90703 Tetanus Tox ECG: _____ 93000 ECG Other _____ _____	

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information						
3449 W. Foster Avenue Address			Patient <u> </u> Gary Robertson			
Chicago, IL 60625-2377 City, State, ZIP			Date: 10/24/20--		Chart #	
312-555-9565 Home phone			312-555-8857 Work phone		Diagnoses:	
self Responsible person			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		1. <u> </u> N1Ø	
Prudential Group Health Insurance			312-555-6022		2. <u> </u>	
255-74-1021 Relationship			Fax: 312-555-0025		3. <u> </u>	
Contract numbers					4. <u> </u>	
OFFICE VISITS						
New Patient			Established Patient			
Preventive Medicine						
<u> </u> 99201	<u> </u> 99381	under 1 year	<u> </u> 99391	<u> </u> 99211		
<u> </u> 99202	<u> </u> 99382	1-4	<u> </u> 99392	<u> </u> 99212		
<u> </u> 99203	<u> </u> 99383	5-11	<u> </u> 99393	<u> </u> 99213		
<u> </u> 99204	<u> </u> 99384	12-17	<u> </u> 99394	<u> </u> 99214		
<u> </u> 99205	<u> </u> 99385	18-39	<u> </u> 99395	<u> </u> 99215		
	<u> </u> 99386	40-64	<u> </u> 99396			
	<u> </u> 99387	65+	<u> </u> 99397			
Hospital Visits		Lab:		Injections:		
Initial:		<u> </u> 80048 Basic		<u> </u> 86308 Monospot		
<u> </u> 99221		metabolic panel		test		<u> </u> 90471 admin 1 vac
<u> </u> 99222		(SMA-8)		<u> </u> 88150 Pap		<u> </u> 90472 each add'l
<u> </u> 99223		<u> </u> 87110 Chlamydia		<u> </u> 85610 Prothrombin		vac
Subsequent:		culture		time		<u> </u> 90716 Chickenpox
x 3 (99231)		<u> </u> 85651 ESR;		<u> </u> 84152 PSA		<u> </u> 90702 DT
<u> </u> 99232		nonautomated		<u> </u> 86430 Rheumatoid		<u> </u> 90700 DTP
<u> </u> 99233		<u> </u> 83001 FSH		factor		<u> </u> 90657 Influenza
Nursing Facility		<u> </u> 82947 Glucose,		<u> </u> 82270 Stool		6-35 months
Initial:		blood		hemocult x 3		<u> </u> 90658 Influenza
<u> </u> 99304		<u> </u> 85022 Hemogram		<u> </u> 87430 Strep screen		3 years +
<u> </u> 99305		(CBC) with		<u> </u> 84478 Triglycerides		<u> </u> 90710 MMRV,
<u> </u> 99306		differential		<u> </u> 84443 TSH		subcutaneous
Other		<u> </u> 80076 Hepatic		<u> </u> 81001 UA with		<u> </u> 90707 MMR
<u> </u>		function panel		microscopy		<u> </u> 90704 Mumps
<u> </u>		<u> </u> 85018 HGB		<u> </u> 87088 UC		<u> </u> 90713 Polio vac
Visits:		<u> </u> 86701 HIV-1		<u> </u> 84550 Uric acid,		inactivated (IPV)
10/18		<u> </u> 83002 LH		blood		<u> </u> 90703 Tetanus Tox
10/20		<u> </u> 80061 Lipid panel		<u> </u> 81025 Urine		ECG: <u> </u> 93000 ECG
10/22		<u> </u> 86617 Lyme		pregnancy test		Other
		antibody		<u> </u>		<u> </u>
		<u> </u>		<u> </u>		<u> </u>

Checks Received: Daily Journal #106

	NO. <u>5321</u>	20 - 62 710
PAY	<u>October 24</u>	20 --
TO THE		
ORDER OF <u>Karen Larsen, MD</u>		\$ <u>44⁰⁰/₁₀₀</u>
<u>Forty-four and ^{no}/₁₀₀</u>		DOLLARS
First National Bank Chicago, IL 60623-2791		
FOR _____	<u>Charles Jonathan</u>	
⑆0710⑆⑆0062 242⑆⑆046580⑆⑆		

	NO. <u>10082</u>	20 - 62 710
PAY	<u>October 24</u>	20 --
TO THE		
ORDER OF <u>Karen Larsen, MD</u>		\$ <u>44 and ^{no}/₁₀₀</u>
<u>Forty-four and ^{no}/₁₀₀</u>		DOLLARS
First National Bank Chicago, IL 60623-2791		
FOR <u>Cheng Sun Worker's & Comp</u>	<u>Billings, Inc.</u>	
⑆0710⑆⑆0062 202⑆⑆056232⑆⑆		

	NO. <u>152462</u>	20 - 62 710
PAY	<u>October 24</u>	20 --
TO THE		
ORDER OF <u>Karen Larsen, MD</u>		\$ <u>143 and ²⁰/₁₀₀</u>
<u>One hundred forty-three and ²⁰/₁₀₀</u>		DOLLARS
Chicago Bank Chicago, IL 60621		
FOR <u>David Kramer</u>	<u>New York Mutual</u>	
⑆0710⑆⑆0155 262⑆⑆025592⑆⑆		

	NO. <u>152463</u>	20 - 62 710
PAY	<u>October 24</u>	20 --
TO THE		
ORDER OF <u>Karen Larsen, MD</u>		\$ <u>90 and ⁴⁰/₁₀₀</u>
<u>Ninety and ⁴⁰/₁₀₀</u>		DOLLARS
Chicago Bank Chicago, IL 60621		
FOR <u>Erin Mitchell</u>	<u>New York Mutual</u>	
⑆0710⑆⑆0155 262⑆⑆025592⑆⑆		

DAILY JOURNAL

DATE October 24, 20-- SHEET NO. 106

RECEIPT NUMBER	DATE	DESCRIPTION CODE	CHARGE	PAYMENT	ADJUSTMENTS	BALANCE	PREVIOUS BALANCE	NAME				
1												
2												
3												
4												
5												
6												
7												
...												
32												
33												
34												
← ALL RECEIPTS MUST BE IN NUMERICAL ORDER							Column A	Column B	Column C	Column D	Column E	TOTALS

Proof of Posting

Column E Total \$ _____
 Plus Column A Total \$ _____
 Subtotal \$ _____
 Minus Column B Total \$ _____
 Equals Column D Total \$ _____

Accounts Receivable Control

Previous Balance \$ _____
 Plus Column A \$ _____
 Subtotal \$ _____
 Minus Column B Total \$ _____
 Present Acc'ts Rec. Balance \$ _____

Daily Cash

Opening Cash on Hand _____
 at Beginning of Day \$ _____
 Cash Received During Day \$ _____
 Total \$ _____

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information						
510 N. Marine Drive Address			Patient <u>Jeffrey Kramer</u>			
Chicago, IL 60640-5607			Date: 10/25/20--		Chart #	
City, State, ZIP			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
312-555-1913			312-555-8820		1. <u>H66.009</u>	
Home phone			Work phone		2. <u>H60.399</u>	
Andrew Kramer			father		3. _____	
Responsible person			Relationship		4. _____	
Northstar Premium Insurance, 747-22-3401-02, Grp 411			312-555-6022			
Insurance			Contract numbers		Fax: 312-555-0025	
OFFICE VISITS						
New Patient			Established Patient			
Preventive Medicine						
_____ 99201	_____ 99381	under 1 year	_____ 99391	_____ 99211		
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99212		
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99213		
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99214		
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99215		
	_____ 99386	40-64	_____ 99396			
	_____ 99387	65+	_____ 99397			
Hospital Visits		Lab:		Injections:		
Initial:		_____ 80048 Basic		_____ 86308 Monospot		
_____ 99221		metabolic panel		test		_____ 90471 admin 1 vac
_____ 99222		(SMA-8)		_____ 88150 Pap		_____ 90472 each add'l
_____ 99223		_____ 87110 Chlamydia		_____ 85610 Prothrombin		vac
Subsequent:		culture		time		_____ 90716 Chickenpox
_____ 99231		_____ 85651 ESR;		_____ 84152 PSA		_____ 90702 DT
_____ 99232		nonautomated		_____ 86430 Rheumatoid		_____ 90700 DTP
_____ 99233		_____ 83001 FSH		factor		_____ 90657 Influenza
Nursing Facility		_____ 82947 Glucose,		_____ 82270 Stool		6-35 months
Initial:		blood		hemocult x 3		_____ 90658 Influenza
_____ 99304		_____ 85022 Hemogram		_____ 87430 Strep screen		3 years +
_____ 99305		(CBC) with		_____ 84478 Triglycerides		_____ 90710 MMRV,
_____ 99306		differential		_____ 84443 TSH		subcutaneous
Other		_____ 80076 Hepatic		_____ 81001 UA with		_____ 90707 MMR
_____		function panel		microscopy		_____ 90704 Mumps
_____		_____ 85018 HGB		_____ 87088 UC		_____ 90713 Polio vac
		_____ 86701 HIV-1		_____ 84550 Uric acid,		inactivated (IPV)
		_____ 83002 LH		blood		_____ 90703 Tetanus Tox
		_____ 80061 Lipid panel		_____ 81025 Urine		ECG: _____ 93000 ECG
		_____ 86617 Lyme		pregnancy test		Other
		antibody		_____		_____
				_____		_____

No.	Date	Description	Charge	Credit		Current Balance	
				Payment	Adjustment		
Patient Information							
2235 W. School Street Address Chicago, IL 60618-5785 City, State, ZIP 312-555-3750 312-555-8149 Home phone Work phone self Responsible person Relationship Metro State Plan, 285-90-9125, 35A Grp. Insurance Contract numbers			Patient Cheng Sun Date: 10/25/20-- Chart # Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240 312-555-6022 Fax: 312-555-0025 Diagnoses: 1. 200.00 2. _____ 3. _____ 4. _____				
OFFICE VISITS							
New Patient				Established Patient			
Preventive Medicine							
_____ 99201	_____ 99381	under 1 year	_____ 99391	_____ 99211			
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99212			
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99213			
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99214			
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99215			
	_____ 99386	40-64	_____ 99396				
	_____ 99387	65+	_____ 99397				
Hospital Visits		Lab:				Injections:	
Initial: _____ 99221 _____ 99222 _____ 99223 Subsequent: _____ 99231 _____ 99232 _____ 99233 Nursing Facility Initial: _____ 99304 _____ 99305 _____ 99306 Other _____ _____		_____ 80048 Basic metabolic panel (SMA-8) _____ 87110 Chlamydia culture _____ 85651 ESR; nonautomated _____ 83001 FSH _____ 82947 Glucose, blood _____ 85022 Hemogram (CBC) with differential _____ 80076 Hepatic function panel _____ 85018 HGB _____ 86701 HIV-1 _____ 83002 LH _____ 80061 Lipid panel _____ 86617 Lyme antibody		_____ 86308 Monospot test _____ 88150 Pap _____ 85610 Prothrombin time _____ 84152 PSA _____ 86430 Rheumatoid factor _____ 82270 Stool hemocult x 3 _____ 87430 Strep screen _____ 84478 Triglycerides _____ 84443 TSH _____ 81001 UA with microscopy _____ 87088 UC _____ 84550 Uric acid, blood _____ 81025 Urine pregnancy test _____ _____		_____ 90471 admin 1 vac _____ 90472 each add'l vac _____ 90716 Chickenpox _____ 90702 DT _____ 90700 DTP _____ 90657 Influenza 6-35 months _____ 90658 Influenza 3 years + _____ 90710 MMRV, subcutaneous _____ 90707 MMR _____ 90704 Mumps _____ 90713 Polio vac inactivated (IPV) _____ 90703 Tetanus Tox ECG: _____ 93000 ECG Other _____ _____	

Checks Received: Daily Journal #107

	NO. <u>1532106</u>	20 - 62 710
PAY	<u>October 25</u>	20 --
TO THE		
ORDER OF <u>Karen Larsen, MD</u>		\$ <u>192 and ⁸⁰/₁₀₀</u>
<u>One hundred ninety-two and ⁸⁰/₁₀₀</u>		DOLLARS
First National Bank Chicago, IL 60623-2791		
FOR <u>Monica Armstrong</u>	<u>BC/BS</u>	
⑆0710⑆⑆0062 242⑆⑆046580⑆⑆		

	NO. <u>1909242</u>	20 - 62 710
PAY	<u>October 25</u>	20 --
TO THE		
ORDER OF <u>Karen Larsen, MD</u>		\$ <u>93 and ⁰⁰/₁₀₀</u>
<u>Ninety-three and ⁰⁰/₁₀₀</u>		DOLLARS
First National Bank Chicago, IL 60623-2791		
FOR <u>Laura Lund</u>	<u>Employee Benefit</u>	
⑆0710⑆⑆0062 202⑆⑆056232⑆⑆		

	NO. <u>19646482</u>	20 - 62 710
PAY	<u>October 25</u>	20 --
TO THE		
ORDER OF <u>Karen Larsen, MD</u>		\$ <u>222 and ⁴⁰/₁₀₀</u>
<u>Two hundred twenty-two and ⁴⁰/₁₀₀</u>		DOLLARS
Chicago Bank Chicago, IL 60621		
FOR <u>Sara Babcock</u>	<u>Kaiser Insurance</u>	
⑆0710⑆⑆0155 262⑆⑆025592⑆⑆		

	NO. <u>1227847</u>	20 - 62 710
PAY	<u>October 25</u>	20 --
TO THE		
ORDER OF <u>Karen Larsen, MD</u>		\$ <u>147 and ⁰⁰/₁₀₀</u>
<u>One hundred forty-seven and ⁰⁰/₁₀₀</u>		DOLLARS
First National Bank Chicago, IL 60623-2791		
FOR <u>Gary Robertson</u>	<u>Prudential Group Health</u>	
⑆0710⑆⑆0062 081⑆⑆502249⑆⑆		

DAILY JOURNAL

DATE October 25, 20-- SHEET NO. 107

RECEIPT NUMBER	DATE	DESCRIPTION CODE	CHARGE	PAYMENT	ADJUSTMENTS	BALANCE	PREVIOUS BALANCE	NAME				
1												
2												
3												
4												
5												
6												
7												
32												
33												
34												
							Column E	Column D	Column C	Column B	Column A	TOTALS

← ALL RECEIPTS MUST BE IN NUMERICAL ORDER

Proof of Posting

Column E Total \$ _____
 Plus Column A Total \$ _____
 Subtotal \$ _____
 Minus Column B Total \$ _____
 Equals Column D Total \$ _____

Accounts Receivable Control

Previous Balance \$ _____
 Plus Column A \$ _____
 Subtotal \$ _____
 Minus Column B Total \$ _____
 Present Acc'ts Rec. Balance \$ _____

Daily Cash

Opening Cash on Hand _____
 at Beginning of Day \$ _____
 Cash Received During Day \$ _____
 Total \$ _____

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information						
5015 N. Ridgeway Avenue Address			Patient <u>Thomas Baab</u>			
Chicago, IL 60625-1220 City, State, ZIP			Date: 10/26/20--		Chart #	
312-555-3478 312-555-8830 Home phone Work phone			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240 312-555-6022 Fax: 312-555-0025		Diagnoses: 1. <u>Z00.00</u> 2. _____ 3. _____ 4. _____	
self Responsible person Relationship University Health Plan, 581-57-0376-59, A87 Grp						
Insurance Contract numbers						
OFFICE VISITS						
New Patient			Established Patient			
Preventive Medicine						
_____ 99201	_____ 99381	under 1 year	_____ 99391	_____ 99211		
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99212		
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99213		
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99214		
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99215		
	_____ 99386	40-64	_____ 99396			
	_____ 99387	65+	_____ 99397			
Hospital Visits		Lab:		Injections:		
Initial:		_____ 80048 Basic		_____ 86308 Monospot		
_____ 99221		metabolic panel		test		_____ 90471 admin 1 vac
_____ 99222		(SMA-8)		_____ 88150 Pap		_____ 90472 each add'l vac
_____ 99223		_____ 87110 Chlamydia		_____ 85610 Prothrombin		_____ 90716 Chickenpox
Subsequent:		culture		time		_____ 90702 DT
_____ 99231		_____ 85651 ESR;		_____ 84152 PSA		_____ 90700 DTP
_____ 99232		nonautomated		_____ 86430 Rheumatoid		_____ 90657 Influenza
_____ 99233		_____ 83001 FSH		factor		6-35 months
Nursing Facility		_____ 82947 Glucose,		_____ 82270 Stool		_____ 90658 Influenza
Initial:		blood		hemocult x 3		3 years +
_____ 99304		_____ 85022 Hemogram		_____ 87430 Strep screen		_____ 90710 MMRV,
_____ 99305		(CBC) with		_____ 84478 Triglycerides		subcutaneous
_____ 99306		differential		_____ 84443 TSH		_____ 90707 MMR
Other		_____ 80076 Hepatic		_____ 81001 UA with		_____ 90704 Mumps
_____		function panel		microscopy		_____ 90713 Polio vac
_____		_____ 85018 HGB		_____ 87088 UC		inactivated (IPV)
		_____ 86701 HIV-1		_____ 84550 Uric acid,		_____ 90703 Tetanus Tox
		_____ 83002 LH		blood		ECG: _____ 93000 ECG
		_____ 80061 Lipid panel		_____ 81025 Urine		
		_____ 86617 Lyme		pregnancy test		Other
		antibody		_____		_____
				_____		_____

No.	Date	Description	Charge	Credit		Current Balance	
				Payment	Adjustment		
Patient Information							
105 W. Chestnut Street Address Chicago, IL 60610-2816 City, State, ZIP 312-555-2231 312-555-2583 Home phone Work phone self Responsible person Relationship University Health Plan, 797-90-1128, S357C Grp. Insurance Contract numbers			Patient Theresa Dayton Date: 10/26/20-- Chart # Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240 312-555-6022 Fax: 312-555-0025 Diagnoses: 1. G44.209 2. _____ 3. _____ 4. _____				
OFFICE VISITS							
New Patient			Established Patient				
Preventive Medicine							
_____ 99201	_____ 99381	under 1 year	_____ 99391				
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99211			
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99212			
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99213			
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99214			
	_____ 99386	40-64	_____ 99396	_____ 99215			
	_____ 99387	65+	_____ 99397				
Hospital Visits Initial: _____ 99221 _____ 99222 _____ 99223 Subsequent: _____ 99231 _____ 99232 _____ 99233 Nursing Facility Initial: _____ 99304 _____ 99305 _____ 99306 Other _____ _____		Lab: _____ 80048 Basic metabolic panel (SMA-8) _____ 87110 Chlamydia culture _____ 85651 ESR; nonautomated _____ 83001 FSH _____ 82947 Glucose, blood _____ 85022 Hemogram (CBC) with differential _____ 80076 Hepatic function panel _____ 85018 HGB _____ 86701 HIV-1 _____ 83002 LH _____ 80061 Lipid panel _____ 86617 Lyme antibody		_____ 86308 Monospot test _____ 88150 Pap _____ 85610 Prothrombin time _____ 84152 PSA _____ 86430 Rheumatoid factor _____ 82270 Stool hemocult x 3 _____ 87430 Strep screen _____ 84478 Triglycerides _____ 84443 TSH _____ 81001 UA with microscopy _____ 87088 UC _____ 84550 Uric acid, blood _____ 81025 Urine pregnancy test _____ _____		Injections: _____ 90471 admin 1 vac _____ 90472 each add'l vac _____ 90716 Chickenpox _____ 90702 DT _____ 90700 DTP _____ 90657 Influenza 6-35 months _____ 90658 Influenza 3 years + _____ 90710 MMRV, subcutaneous _____ 90707 MMR _____ 90704 Mumps _____ 90713 Polio vac inactivated (IPV) _____ 90703 Tetanus Tox ECG: _____ 93000 ECG Other _____ _____	

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information						
4443 W. Monroe Street Address			Patient <u>Ardis Matthews</u>			
Chicago, IL 60624-8966 City, State, ZIP			Date: 10/26/20--		Chart #	
312-555-3178 312-555-8848 Home phone Work phone			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240 312-555-6022 Fax: 312-555-0025		Diagnoses: 1. <u>A08.8</u> 2. _____ 3. _____ 4. _____	
Earl Matthews husband Responsible person Relationship						
Arling Employee Plan, 294-82-8099-02, 33A Grp Insurance Contract numbers						
OFFICE VISITS						
New Patient			Established Patient			
Preventive Medicine						
_____ 99201	_____ 99381	under 1 year	_____ 99391			
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99211		
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99212		
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99213		
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99214		
	_____ 99386	40-64	_____ 99396	_____ 99215		
	_____ 99387	65+	_____ 99397			
Hospital Visits		Lab:		Injections:		
Initial:		_____ 80048 Basic		_____ 86308 Monospot		
_____ 99221		metabolic panel		test		_____ 90471 admin 1 vac
_____ 99222		(SMA-8)		_____ 88150 Pap		_____ 90472 each add'l
_____ 99223		_____ 87110 Chlamydia		_____ 85610 Prothrombin		vac
Subsequent:		culture		time		_____ 90716 Chickenpox
_____ 99231		_____ 85651 ESR;		_____ 84152 PSA		_____ 90702 DT
_____ 99232		nonautomated		_____ 86430 Rheumatoid		_____ 90700 DTP
_____ 99233		_____ 83001 FSH		factor		_____ 90657 Influenza
Nursing Facility		_____ 82947 Glucose,		_____ 82270 Stool		6-35 months
Initial:		blood		hemocult x 3		_____ 90658 Influenza
_____ 99304		_____ 85022 Hemogram		_____ 87430 Strep screen		3 years +
_____ 99305		(CBC) with		_____ 84478 Triglycerides		_____ 90710 MMRV,
_____ 99306		differential		_____ 84443 TSH		subcutaneous
Other		_____ 80076 Hepatic		_____ 81001 UA with		_____ 90707 MMR
_____		function panel		microscopy		_____ 90704 Mumps
_____		_____ 85018 HGB		_____ 87088 UC		_____ 90713 Polio vac
		_____ 86701 HIV-1		_____ 84550 Uric acid,		inactivated (IPV)
		_____ 83002 LH		blood		_____ 90703 Tetanus Tox
		_____ 80061 Lipid panel		_____ 81025 Urine		ECG: _____ 93000 ECG
		_____ 86617 Lyme		pregnancy test		
		antibody		_____		Other
				_____		_____
				_____		_____

No.	Date	Description	Charge	Credit		Current Balance	
				Payment	Adjustment		
Patient Information							
3457 W. 63d Place Address Chicago, IL 60629-4270 City, State, ZIP 312-555-3606 Home phone Work phone self Responsible person Relationship Blue Cross & Blue Shield, 295-99-3325, 354 Grp. Insurance Contract numbers			Patient Ana Mendez Date: 10/26/20-- Chart # Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240 312-555-6022 Fax: 312-555-0025 Diagnoses: 1. J01.90 2. _____ 3. _____ 4. _____				
OFFICE VISITS							
New Patient			Established Patient				
Preventive Medicine							
_____ 99201	_____ 99381	under 1 year	_____ 99391	_____ 99211			
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99212			
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99213			
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99214			
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99215			
	_____ 99386	40-64	_____ 99396				
	_____ 99387	65+	_____ 99397				
Hospital Visits Initial: _____ 99221 _____ 99222 _____ 99223 Subsequent: _____ 99231 _____ 99232 _____ 99233 Nursing Facility Initial: _____ 99304 _____ 99305 _____ 99306 Other _____ _____		Lab: _____ 80048 Basic metabolic panel (SMA-8) _____ 87110 Chlamydia culture _____ 85651 ESR; nonautomated _____ 83001 FSH _____ 82947 Glucose, blood _____ 85022 Hemogram (CBC) with differential _____ 80076 Hepatic function panel _____ 85018 HGB _____ 86701 HIV-1 _____ 83002 LH _____ 80061 Lipid panel _____ 86617 Lyme antibody		_____ 86308 Monospot test _____ 88150 Pap _____ 85610 Prothrombin time _____ 84152 PSA _____ 86430 Rheumatoid factor _____ 82270 Stool hemocult x 3 _____ 87430 Strep screen _____ 84478 Triglycerides _____ 84443 TSH _____ 81001 UA with microscopy _____ 87088 UC _____ 84550 Uric acid, blood _____ 81025 Urine pregnancy test		Injections: _____ 90471 admin 1 vac _____ 90472 each add'l vac _____ 90716 Chickenpox _____ 90702 DT _____ 90700 DTP _____ 90657 Influenza 6-35 months _____ 90658 Influenza 3 years + _____ 90710 MMRV, subcutaneous _____ 90707 MMR _____ 90704 Mumps _____ 90713 Polio vac inactivated (IPV) _____ 90703 Tetanus Tox ECG: _____ 93000 ECG Other _____ _____	

No.	Date	Description	Charge	Credit		Current Balance	
				Payment	Adjustment		
Patient Information							
6111 N. Lincoln Avenue Address Chicago, IL 60608-3173 City, State, ZIP 312-555-1217 Home phone Work phone self Responsible person Relationship Medicare 669-35-2244B Insurance Contract numbers			Patient _____ Florence Sherman Date: 10/26/20-- Chart # Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240 312-555-6022 Fax: 312-555-0025 Diagnoses: 1. S10.93XA 2. S40.029A 3. _____ 4. _____				
OFFICE VISITS							
New Patient			Established Patient				
Preventive Medicine							
_____ 99201	_____ 99381	under 1 year	_____ 99391	_____ 99211			
_____ 99202	_____ 99382	1-4	_____ 99392	_____ 99212			
_____ 99203	_____ 99383	5-11	_____ 99393	_____ 99213			
_____ 99204	_____ 99384	12-17	_____ 99394	_____ 99214			
_____ 99205	_____ 99385	18-39	_____ 99395	_____ 99215			
	_____ 99386	40-64	_____ 99396				
	_____ 99387	65+	_____ 99397				
Hospital Visits Initial: _____ 99221 _____ 99222 _____ 99223 Subsequent: _____ 99231 _____ 99232 _____ 99233 Nursing Facility Initial: _____ 99304 _____ 99305 _____ 99306 Other _____ _____		Lab: _____ 80048 Basic metabolic panel (SMA-8) _____ 87110 Chlamydia culture _____ 85651 ESR; nonautomated _____ 83001 FSH _____ 82947 Glucose, blood _____ 85022 Hemogram (CBC) with differential _____ 80076 Hepatic function panel _____ 85018 HGB _____ 86701 HIV-1 _____ 83002 LH _____ 80061 Lipid panel _____ 86617 Lyme antibody		_____ 86308 Monospot test _____ 88150 Pap _____ 85610 Prothrombin time _____ 84152 PSA _____ 86430 Rheumatoid factor _____ 82270 Stool hemocult x 3 _____ 87430 Strep screen _____ 84478 Triglycerides _____ 84443 TSH _____ 81001 UA with microscopy _____ 87088 UC _____ 84550 Uric acid, blood _____ 81025 Urine pregnancy test _____ _____		Injections: _____ 90471 admin 1 vac _____ 90472 each add'l vac _____ 90716 Chickenpox _____ 90702 DT _____ 90700 DTP _____ 90657 Influenza 6-35 months _____ 90658 Influenza 3 years + _____ 90710 MMRV, subcutaneous _____ 90707 MMR _____ 90704 Mumps _____ 90713 Polio vac inactivated (IPV) _____ 90703 Tetanus Tox ECG: _____ 93000 ECG Other _____ _____	

Checks Received: Daily Journal #108

NO. 439205 20-62
710

PAY October 26 20 --
TO THE
ORDER OF Karen Larsen, MD \$ 114 and ⁰⁰/₁₀₀

One hundred fourteen and ⁰⁰/₁₀₀ DOLLARS

First National Bank
Chicago, IL 60623-2791

FOR Todd Grant Prudential Plan

⑆0710⑆⑆0062 081⑆⑆502249⑆⑆

NO. 1983425 20-62
710

PAY October 26 20 --
TO THE
ORDER OF Karen Larsen, MD \$ 42 and ⁴⁰/₁₀₀

Forty-two and ⁴⁰/₁₀₀ DOLLARS

First National Bank
Chicago, IL 60623-2791

FOR Raymond Murray Medicare

⑆0710⑆⑆0062 242⑆⑆046580⑆⑆

NO. 475 20-62
710

PAY October 26 20 --
TO THE
ORDER OF Karen Larsen, MD \$ 86 and ²⁰/₁₀₀

Eighty-six and ²⁰/₁₀₀ DOLLARS

First National Bank
Chicago, IL 60623-2791

FOR _____ Clarence Rogers

⑆0710⑆⑆0062 202⑆⑆056232⑆⑆

NO. 704382 20-62
710

PAY October 26 20 --
TO THE
ORDER OF Karen Larsen, MD \$ 66 and ⁴⁰/₁₀₀

Sixty-six and ⁴⁰/₁₀₀ DOLLARS

Chicago Bank
Chicago, IL 60621

FOR Stephen Villano Employee Benefit Plan

⑆0710⑆⑆0155 262⑆⑆025592⑆⑆

DAILY JOURNAL

DATE October 26, 20-- SHEET NO. 108

RECEIPT NUMBER	DATE	DESCRIPTION CODE	CHARGE	PAYMENT	ADJUSTMENTS	BALANCE	PREVIOUS BALANCE	NAME				
1												
2												
3												
4												
5												
6												
7												
32												
33												
34												
							Column A	Column B	Column C	Column D	Column E	TOTALS

← ALL RECEIPTS MUST BE IN NUMERICAL ORDER

Proof of Posting

Column E Total \$ _____
 Plus Column A Total \$ _____
 Subtotal \$ _____
 Minus Column B Total \$ _____
 Equals Column D Total \$ _____

Accounts Receivable Control

Previous Balance \$ _____
 Plus Column A \$ _____
 Subtotal \$ _____
 Minus Column B Total \$ _____
 Present Acc'ts Rec. Balance \$ _____

Daily Cash

Opening Cash on Hand _____
 at Beginning of Day \$ _____
 Cash Received During Day \$ _____
 Total \$ _____