

WORKING PAPERS:

WORKING PAPERS

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WP 1:

PERSONAL ATTRIBUTES, WORK ETHIC AND PROFESSIONALISM, 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

WP 2:

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 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.

WP 3-:

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.

WP 4-:

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 or transferred
- ___ 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. bandonment
- 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

WP 5-:

OUTSIDE SERVICES

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

WP 6-:

CHART NOTE

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

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 1 to 2 months.
4. Patient requests referral to Dr. Diangelis.

Karen Larsen, MD/ls

WP 7-:

PROOFING AND EDITING REPORTS

↓ 2 inches

Doublespace body.
Page numbers on upper
right starting on page 2.

↓ 2

RUBELLA (GERMAN MEASLES)

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.

WP 8-:

PROOFING AND EDITING REPORTS

MUMPS (INFECTIOUS PAROTITIS)

DEFINITION

Mumps is an ^{acute} viral disease that may include myalgia, anorexia, malaise, headache, low ^{and} grade fever, [#] 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 ^U 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} 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~~ ^{generally begins} myalgia, anorexia, malaise, headache, and low-grade fever. Next the patient may have an ear ^{ache} aggravated by chewing, temperature of 101^e to 104^e 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 ^U complications of treatment.

WP 9-:

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

WP 10-:

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

WP 11-:

MESSAGE FORMS

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

WP 12-:

MESSAGE FORMS

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

WP 13-:

MESSAGE FORMS

MESSAGE

TO _____ DATE _____ TIME _____

FROM _____

PHONE _____

PLEASE CALL RETURNED YOUR CALL WILL CALL AGAIN

REGARDING _____

TAKEN BY _____

MESSAGE

TO _____ DATE _____ TIME _____

FROM _____

PHONE _____

PLEASE CALL RETURNED YOUR CALL WILL CALL AGAIN

REGARDING _____

TAKEN BY _____

MESSAGE

TO _____ DATE _____ TIME _____

FROM _____

PHONE _____

PLEASE CALL RETURNED YOUR CALL WILL CALL AGAIN

REGARDING _____

TAKEN BY _____

MESSAGE

TO _____ DATE _____ TIME _____

FROM _____

PHONE _____

PLEASE CALL RETURNED YOUR CALL WILL CALL AGAIN

REGARDING _____

TAKEN BY _____

WP 14-:

MESSAGE FORMS

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

WP 15-:

MESSAGE FORMS

MESSAGE

TO _____ DATE _____ TIME _____

FROM _____

PHONE _____

PLEASE CALL RETURNED YOUR CALL WILL CALL AGAIN

REGARDING _____

TAKEN BY _____

MESSAGE

TO _____ DATE _____ TIME _____

FROM _____

PHONE _____

PLEASE CALL RETURNED YOUR CALL WILL CALL AGAIN

REGARDING _____

TAKEN BY _____

MESSAGE

TO _____ DATE _____ TIME _____

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PHONE _____

PLEASE CALL RETURNED YOUR CALL WILL CALL AGAIN

REGARDING _____

TAKEN BY _____

MESSAGE

TO _____ DATE _____ TIME _____

FROM _____

PHONE _____

PLEASE CALL RETURNED YOUR CALL WILL CALL AGAIN

REGARDING _____

TAKEN BY _____

WP 16-:

MESSAGE FORMS

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

WP 17-:

MESSAGE FORMS

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
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PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

MESSAGE		
TO _____	DATE _____	TIME _____
FROM _____		
PHONE _____		
<input type="checkbox"/> PLEASE CALL	<input type="checkbox"/> RETURNED YOUR CALL	<input type="checkbox"/> WILL CALL AGAIN
REGARDING _____		

TAKEN BY _____		

WP 18-:

SCHEDULING DECISION MAKING

Directions: The 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 2 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

WP 19-:

APPOINTMENT SCHEDULE INFORMATION

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.
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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

WP 20-:

APPOINTMENT CALENDAR PAGES

Monday, October 10

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11:00	Seminar
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11:30	University
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Tuesday, October 11

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8:45	Hospital
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9:00	Rounds
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10:00	Travel
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12:15	Lunch
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1:45	University
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5:00	
	8 p.m. Chicago Medical Society

Wednesday, October 12

8:00	
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WP 21-:

APPOINTMENT CALENDAR PAGES

Thursday, October 13

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Friday, October 14

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November

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27	28	29	30			

December

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WP 22-:

APPOINTMENT CALENDAR PAGES

Monday, October 17

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WP 23-:

APPOINTMENT CALENDAR PAGES

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Friday, October 21

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November

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27	28	29	30			

December

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WP 24-:

APPOINTMENT CALENDAR PAGES

Monday, October 24

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Wednesday, October 26

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WP 25-:

APPOINTMENT CALENDAR PAGES

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Friday, October 28

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October

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November

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20	21	22	23	24	25	26
27	28	29	30			

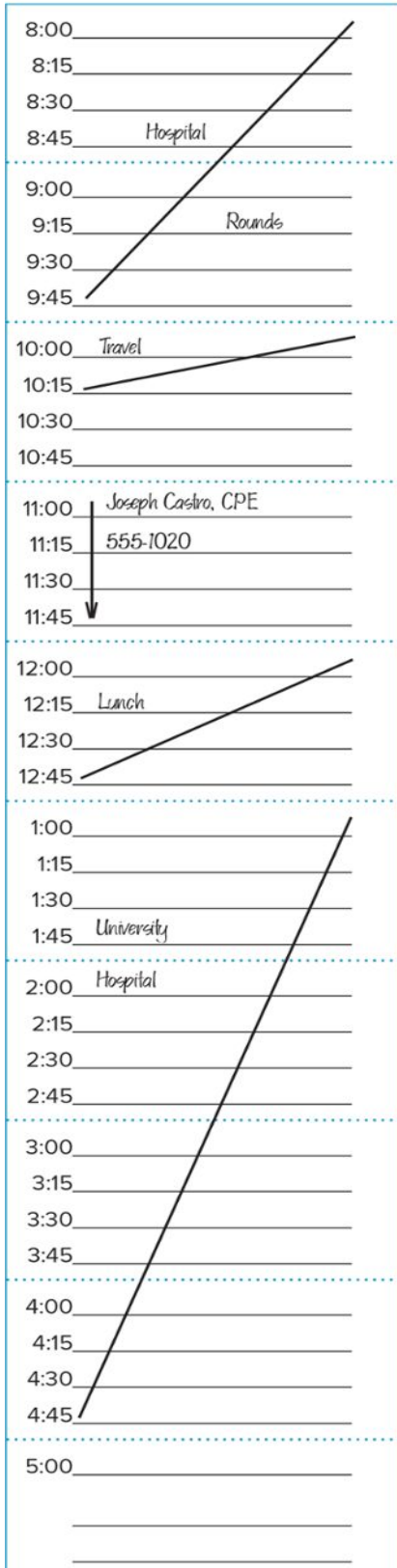
December

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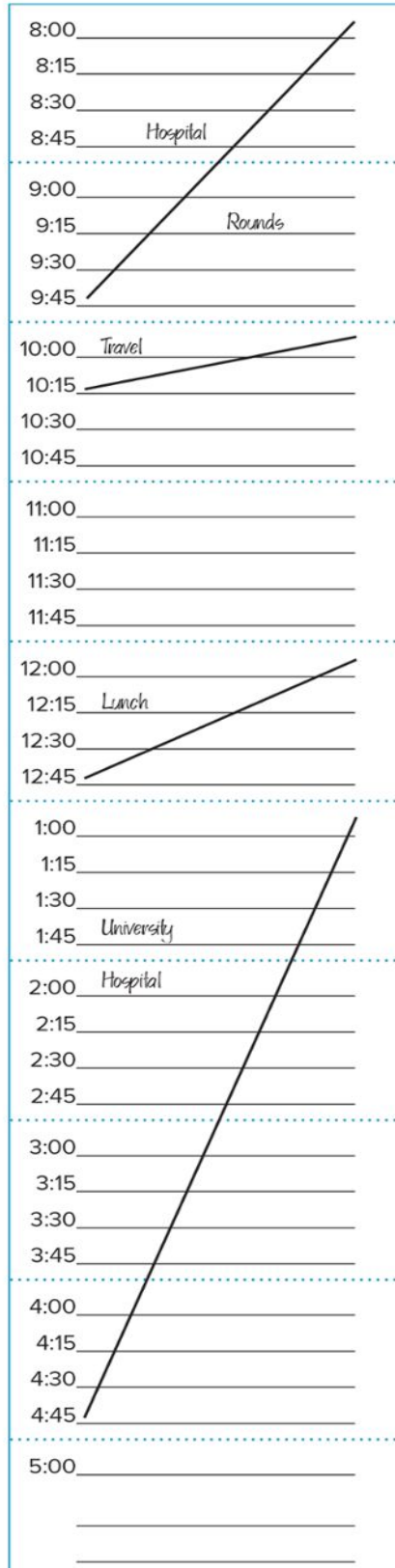
WP 26-:

APPOINTMENT CALENDAR PAGES

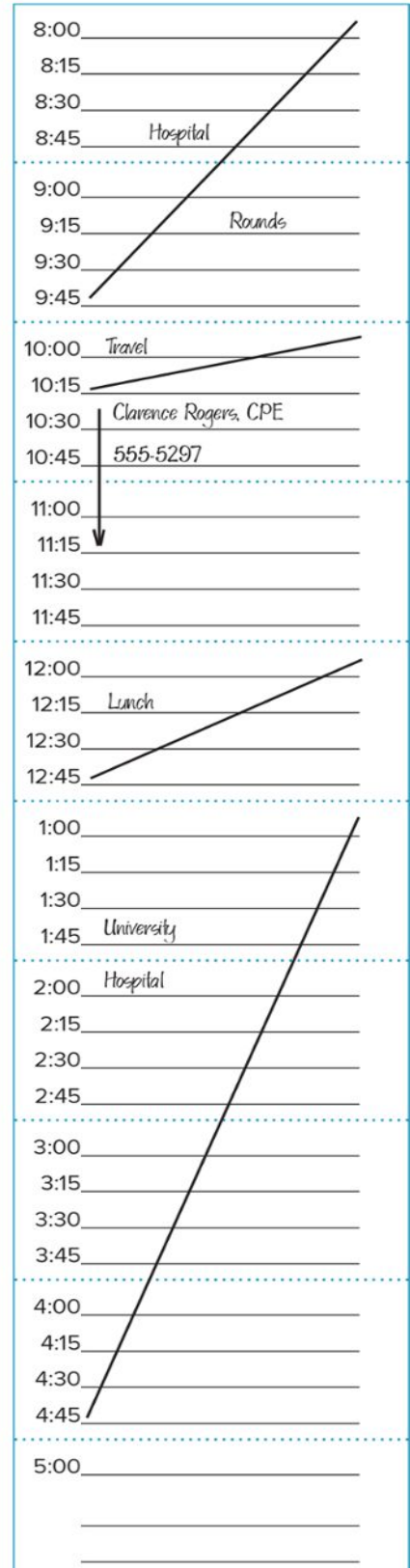
Monday, October 31



Tuesday, November 1



Wednesday, November 2



WP 27-:

APPOINTMENT CALENDAR PAGES

Thursday, November 3

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Friday, November 4

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October

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November

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20	21	22	23	24	25	26
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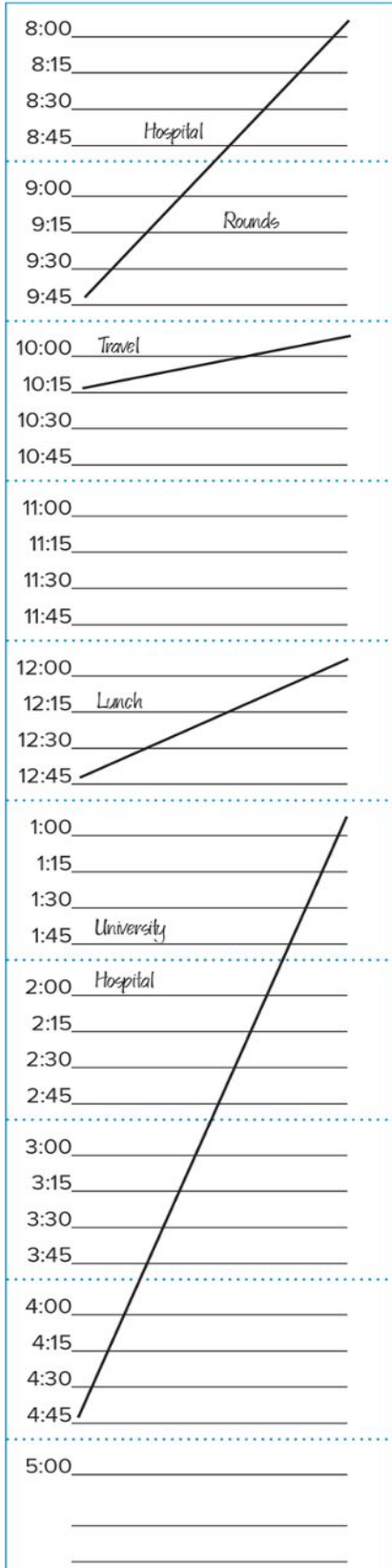
December

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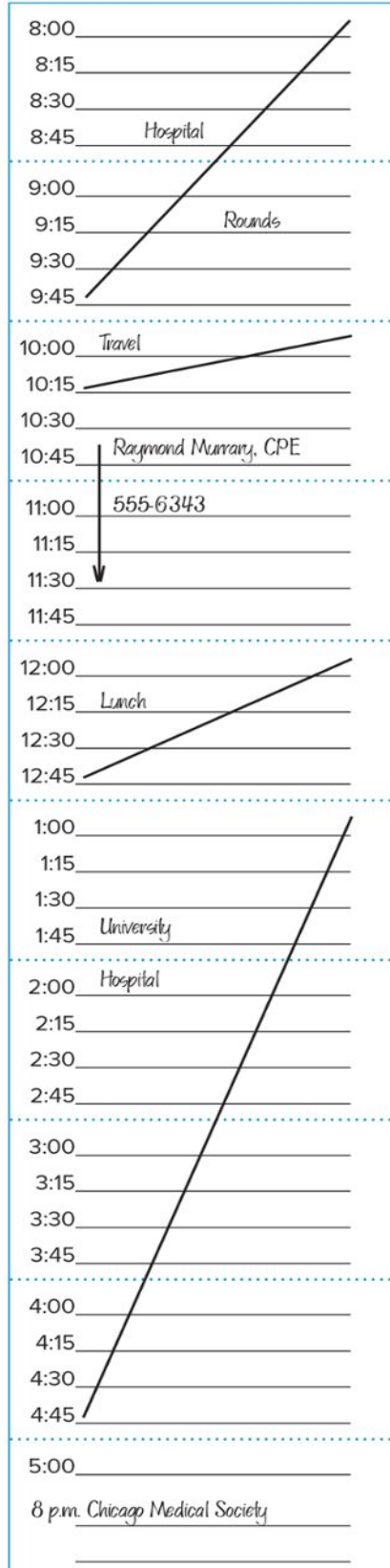
WP 28-:

APPOINTMENT CALENDAR PAGES

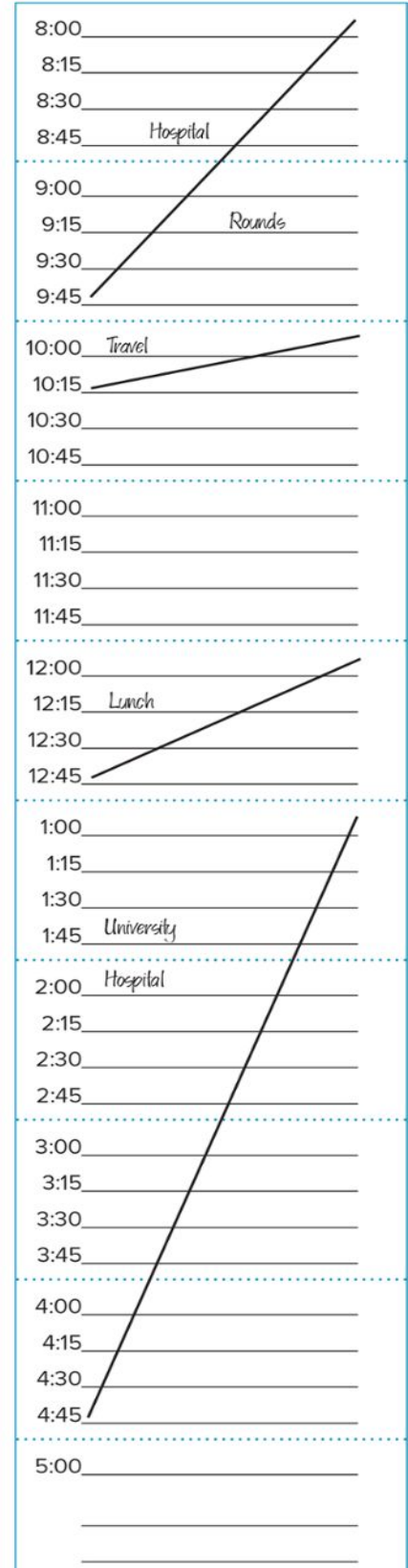
Monday, November 7



Tuesday, November 8



Wednesday, November 9



WP 29-:

APPOINTMENT CALENDAR PAGES

Thursday, November 10

Friday, November 11

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October

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November

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December

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WP 30-:

APPOINTMENT CALENDAR PAGES

Monday, November 14

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Tuesday, November 15

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Wednesday, November 16

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WP 31-:

APPOINTMENT CALENDAR PAGES

Thursday, November 17

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November

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WP 32-:

APPOINTMENT CALENDAR PAGES

Monday, November 21

Tuesday, November 22

Wednesday, November 23

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WP 33-:

APPOINTMENT CALENDAR PAGES

Thursday, November 24

Friday, November 25

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November

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December

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WP 34-:

APPOINTMENT CALENDAR PAGES

Monday, November 28

Tuesday, November 29

Wednesday, November 30

8:00	
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8:45	Hospital
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9:15	Rounds
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WP 35-:

APPOINTMENT CALENDAR PAGES

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Friday, December 2

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October

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November

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December

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WP 37-:

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

WP 38-:

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 numeric 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

WP 39-:

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.

WP 40-:

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 by the federal government.
- ___ 7. After all office medical documents have been scanned into the system, hardcopy lab reports, consultation letters, and so on will automatically be entered into the patient's electronic records and no scanning will ever be needed.
- ___ 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 EHRs.
- ___ 14. There are many advantages to converting from paper-based medical records to EHRs.
- ___ 15. Initial cost and contract fees are relatively inexpensive for healthcare providers.

WP 41-:

PATIENT INFORMATION FORM

Welcome		<i>Please complete this form using only ink. This information will remain confidential.</i>			
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			

WP 42-:

PATIENT INFORMATION FORM

Welcome		<i>Please complete this form using only ink. This information will remain confidential.</i>			
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			

WP 43-:

RECORDS RELEASE

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 _____

WP 46-:

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

WP 47-:

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 allowable fee, in insurance terms, is the most the insurance company will allow any provider to collect for a covered 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 PAR provider.

WP 48-:

ICD-10-CM DIAGNOSTIC CODES

Codes	Description
N91.2	Amenorrhea
D64.9	Anemia
I20 .9	Angina
I49.9	Arrhythmia
M19.90	Arthritis, NOS/DJD/Osteoarthritis
M06.9	Arthritis, rheumatoid
J45.909	Asthma
R82.71	Bacteruria
H01.009	Blepharitis
J20.9	Bronchitis, acute, unspecified
J40	Bronchitis, not specified as acute or chronic
L03.90	Cellulitis/Abscess
I67.9	Cerebrovascular disease
R07.9	Chest pain
I50.9	CHF
K81.0	Cholecystitis, acute
H10.9	Conjunctivitis
R05	Cough
N30.00	Cystitis, Acute, without hematuria
L30.9	Dermatitis
Z83.3	Diabetes family history
E10.9	Diabetes Mellitus Type 1—IDDM
E11.9	Diabetes Mellitus Type 2—NIDDM
R19.7	Diarrhea
K57.32	Diverticulitis, large intestine, w/o bleeding
R42	Dizziness/Lightheadedness
N94.6	Dysmenorrhea, unspecified
K30	Dyspepsia
R30.0	Dysuria

R60.9	Edema
Z02.1	Employment exam
R04.0	Epistaxis
R53.83	Fatigue
T15.82XA	FB, left eye, external, multiple parts
T15.81XA	FB, right eye, external, multiple parts
T15.80xA	FB, unspecified, external, multiple parts
R50.9	Fever
K29.70	Gastritis, unspecified, without bleeding
K52.9	Gastroenteritis and colitis, noninfective, unspecified
A08.4	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, essential
J11.1	Influenza
G47.00	Insomnia
K58.9	Irritable bowel syndrome
M25.50	Joint pain
I88.9	Lymphadenitis, no specific
R59.1	Lymphadenopathy
N95.1	Menopausal disorder, symptomatic
N93.9	Menstrual disorder
R11.0	Nausea
E66.9	Obesity
M81.0	Osteoporosis, age-related
H60.399	Otitis externa, other, infective, unspecified ear
H66.90	Otitis media
R10.9	Pain, abdominal
M54.5	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
Z32.01	Pregnancy test, positive results
Z01.818	Pre-op
Z00.00	Preventive, adult
Z01.419	Preventive including GYN exam, w/o abnormal findings
Z00.129	Preventive, pediatric, w/o abnormal findings
Z02.0	Preventive, school admission
N40.0	Prostatic hypertrophy, benign, w/o lower urinary track symptoms
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.Ø	Urinary frequency
R32	Urinary incontinence
N39.Ø	UTI
N76.Ø	Vaginitis, acute
B34.9	Viral infection
Z11.59	Viral screening, unspecified
R11.1Ø	Vomiting
D72.829	wbc high
D72.819	wbc low
R63.4	Weight loss
	2017 edition

WP 49-:

JANET PROVOST'S PATIENT ENCOUNTER FORM

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 Address			Date: 03/08/20--		Chart #PROVOJAO	
Chicago, IL 60632-1426 City, State, ZIP			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
312-555-4279 Home phone		312-555-6264 Work phone	312-555-6022		1. <u>200.00</u>	
same Responsible person		self Relationship	Fax: 312-555-0025		2. _____	
Blue Cross/Blue Shield Insurance		407-55-1275 Contract numbers			3. _____	
					4. _____	
OFFICE VISITS						
New Patient			Established Patient			
Preventive Medicine						
	_____ 99381	under 1 year	_____ 99391			
_____ 99201	_____ 99382	1-4	_____ 99392	_____ 99211		
_____ 99202	_____ 99383	5-11	_____ 99393	_____ 99212		
_____ 99203	_____ 99384	12-17	_____ 99394	_____ 99213		
_____ 99204	_____ 99385	18-39	<u>136</u> 99395	_____ 99214		
_____ 99205	_____ 99386	40-64	_____ 99396	_____ 99215		
	_____ 99387	65+	_____ 99397			
Hospital Visits		Lab:		Injections:		
Initial:		_____ 80048 Basic metabolic panel		_____ 86308 Monospot test		_____ 90471 admin 1 vac
_____ 99221		_____ 87110 Chlamydia culture		_____ 88150 Pap		_____ 90472 each add'l vac
_____ 99222		_____ 85651 ESR; nonautomated		_____ 85610 Prothrombin time		_____ 90716 Chickenpox
_____ 99223		_____ 83001 FSH		_____ 84152 PSA		_____ 90702 DT
Subsequent:		_____ 82947 Glucose, blood		_____ 86430 Rheumatoid factor		_____ 90700 DTaP
_____ 99231		_____ 25 85025 Hemogram (CBC) with differential		_____ 82270 Stool hemocult x 3		_____ 90657 Influenza 0.25mL
_____ 99232		_____ 80076 Hepatic function panel		_____ 87430 Strep screen		_____ 90658 Influenza 0.5mL
_____ 99233		_____ 85018 HGB		_____ 84478 Triglycerides		_____ 90710 MMRV, subcutaneous
Discharge:		_____ 86701 HIV-1		_____ 84443 TSH		_____ 90707 MMR
_____ 99238		_____ 83002 LH		_____ 24 81001 UA with microscopy		_____ 90649 4vHPV
_____ 99239		_____ 80061 Lipid panel		_____ 87088 UC		_____ 90713 Polio vac inactivated (IPV)
Nursing Facility		_____ 86617 Lyme antibody		_____ 84550 Uric acid, blood		_____ 90714 Td
Initial:				_____ 81025 Urine pregnancy test		ECG: _____ 93000 ECG
_____ 99304						Other
_____ 99305						_____
_____ 99306						_____
Other						_____
_____						_____
_____						_____

WP 50-:

FEE SCHEDULE

Fee Schedule—Karen Larsen, MD				
New Patient		Established Patient		
Preventive Medicine				
	<u>139</u> 99381	under 1 year	<u>110</u> 99391	
<u>54</u> 99201	<u>145</u> 99382	1–4	<u>123</u> 99392	<u>29</u> 99211
<u>73</u> 99202	<u>142</u> 99383	5–11	<u>128</u> 99393	<u>44</u> 99212
<u>100</u> 99203	<u>177</u> 99384	12–17	<u>148</u> 99394	<u>60</u> 99213
<u>147</u> 99204	<u>165</u> 99385	18–39	<u>136</u> 99395	<u>87</u> 99214
<u>190</u> 99205	<u>178</u> 99386	40–64	<u>148</u> 99396	<u>134</u> 99215
	<u>199</u> 99387	65+	<u>119</u> 99397	
Hospital Visits	Lab:	<u>33</u> 88150 Pap	Injections:	
Initial:	<u>51</u> 80048 Basic metabolic panel	<u>23</u> 85610 Prothrombin time	<u>10</u> 90471 admin 1 vac	
<u>121</u> 99221	<u>74</u> 87110 Chlamydia culture	<u>91</u> 84152 PSA	<u>8</u> 90472 each add'l vac	
<u>172</u> 99222	<u>21</u> 85651 ESR; nonautomated	<u>30</u> 86430 Rheumatoid factor	<u>133</u> 90716 Chickenpox	
<u>217</u> 99223	<u>97</u> 83001 FSH	<u>15</u> 82270 Stool hemocult x 3	<u>31</u> 90702 DT	
Subsequent:	<u>21</u> 82947 Glucose, blood	<u>39</u> 87430 Strep screen	<u>78</u> 90700 DTaP	
<u>65</u> 99231	<u>25</u> 85025 Hemogram (CBC) with differential	<u>21</u> 84478 Triglycerides	<u>30</u> 90657 Influenza 0.25mL	
<u>90</u> 99232	<u>55</u> 80076 Hepatic function panel	<u>69</u> 84443 TSH	<u>35</u> 90658 Influenza 0.5mL	
<u>132</u> 99233	<u>13</u> 85018 HGB	<u>24</u> 81001 UA with microscopy	<u>40</u> 90710 MMRV, subcutaneous	
Discharge:	<u>77</u> 86701 HIV-1	<u>35</u> 87088 UC	<u>104</u> 90707 MMR	
<u>100</u> 99238	<u>97</u> 83002 LH	<u>20</u> 84550 Uric acid, blood	<u>51</u> 90649 4vHPV	
<u>150</u> 99239	<u>72</u> 80061 Lipid panel	<u>23</u> 81025 Urine pregnancy test	<u>52</u> 90713 Polio vac inactivated (IPV)	
Nursing Facility	<u>86</u> 86617 Lyme antibody		<u>26</u> 90714 Td	
Initial:	<u>33</u> 86308 Monospot test		ECG: <u>70</u> 93000 ECG	
<u>53</u> 99304			Other	
<u>77</u> 99305			_____	
<u>109</u> 99306			_____	
Other			_____	
_____			_____	
_____			_____	

WP 51-:

DAILY JOURNAL #102

DAILY JOURNAL

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

RECEIPT NUMBER	DATE	DESCRIPTION CODE	CHARGE	PAYMENT	ADJUSTMENTS	BALANCE	PREVIOUS BALANCE	NAME
1	1090	10/17 OV	44 00	---	---	44 00	---	Sherman, Florence
2	1091	10/17 OV/Strep screen	83 00	16 60	---	66 40	---	Villano, Juan
3	1092	10/17 OV	44 00	---	---	147 00	103 00	Robertson, Gary
4	1093	10/17 OV/LAB	241 00	48 20	---	192 80	---	Armstrong, Monica
5	1094	10/17 OV	44 00	---	---	44 00	---	Casagranda, George
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 \$ 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 \$ _____

WP 52-:

DAILY JOURNAL #103

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

RECEIPT NUMBER	DATE	DESCRIPTION CODE	CHARGE	PAYMENT	ADJUSTMENTS	BALANCE	PREVIOUS BALANCE	NAME
1 1095	10/18	OV (MC)	44 00	---	---	44 00	---	Sun, Cheng
2 1096	10/18	OV	44 00	---	---	44 00	---	Jonathan, Charles
3 1097	10/18	CPE/LAB	278 00	---	---	278 00	---	Babcock, Sara
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 \$ _____

WP 53-:

BLANK DAILY JOURNAL

DAILY JOURNAL

DATE 10/21/20-- SHEET NO. 104

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 \$ _____

WP 54-:

DEPOSIT SLIPS

DEPOSITED IN		DOLLARS	CENTS
FIRST NATIONAL BANK			
CHICAGO, IL 60623-2791			
THIS DEPOSIT ACCEPTED UNDER AND SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE			
DATE _____			
Karen Larsen, MD 2235 South Ridgeway Avenue Chicago, IL 60623-2240			
:07015550 :2242027720 11*			
Cash			
Checks List Separately			
Total from Other Side			
Subtotal			
Less Cash Received			
TOTAL			

DEPOSITED IN		DOLLARS	CENTS
FIRST NATIONAL BANK			
CHICAGO, IL 60623-2791			
THIS DEPOSIT ACCEPTED UNDER AND SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE			
DATE _____			
Karen Larsen, MD 2235 South Ridgeway Avenue Chicago, IL 60623-2240			
:07015550 :2242027720 11*			
Cash			
Checks List Separately			
Total from Other Side			
Subtotal			
Less Cash Received			
TOTAL			

DEPOSITED IN		DOLLARS	CENTS
FIRST NATIONAL BANK			
CHICAGO, IL 60623-2791			
THIS DEPOSIT ACCEPTED UNDER AND SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE			
DATE _____			
Karen Larsen, MD 2235 South Ridgeway Avenue Chicago, IL 60623-2240			
:07015550 :2242027720 11*			
Cash			
Checks List Separately			
Total from Other Side			
Subtotal			
Less Cash Received			
TOTAL			

DEPOSITED IN		DOLLARS	CENTS
FIRST NATIONAL BANK			
CHICAGO, IL 60623-2791			
THIS DEPOSIT ACCEPTED UNDER AND SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE			
DATE _____			
Karen Larsen, MD 2235 South Ridgeway Avenue Chicago, IL 60623-2240			
:07015550 :2242027720 11*			
Cash			
Checks List Separately			
Total from Other Side			
Subtotal			
Less Cash Received			
TOTAL			

WP 57-:

LETTER FROM DR. TAI

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.

WP 58-:

RECEIPTS

No. 1214
To _____
Date _____
For _____
Amount _____

No. 1214 20
Received from _____
_____ Dollars
For _____
_____ Dollars
\$ _____

No. _____
To _____
Date _____
For _____
Amount _____

No. _____ 20
Received from _____
_____ Dollars
For _____
_____ Dollars
\$ _____

No. _____
To _____
Date _____
For _____
Amount _____

No. _____ 20
Received from _____
_____ Dollars
For _____
_____ Dollars
\$ _____

No. _____
To _____
Date _____
For _____
Amount _____

No. _____ 20
Received from _____
_____ Dollars
For _____
_____ Dollars
\$ _____

WP 59-:

LAURA LUND'S PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information			Patient <u> </u> Laura Lund			
13419 S. Buffalo Avenue Address			Date: 10/19/20--		Chart #LUNDLAU0	
Chicago, IL 60633-2010 City, State, ZIP			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
312-555-4100 Home phone			312-555-8840 Work phone		1. <u> </u> S13.8XXA	
Lawrence Lund Responsible person			father		2. <u> </u>	
Employee Benefit Plan Insurance			200-66-3980-01 Contract numbers		3. <u> </u>	
			312-555-6022		4. <u> </u>	
			Fax: 312-555-0025			
OFFICE VISITS						
New Patient				Established Patient		
Preventive Medicine						
<u> </u> 99201	<u> </u> 99381				<u> </u> 99391	
<u> </u> 99202	<u> </u> 99382	under 1 year			<u> </u> 99392	<u> </u> 99211
<u> </u> 99203	<u> </u> 99383	1-4			<u> </u> 99393	<u> </u> 99212
<u> </u> 99204	<u> </u> 99384	5-11			<u> </u> 99394	<u> </u> 99213
<u> </u> 99205	<u> </u> 99385	12-17			<u> </u> 99395	<u> </u> 99214
	<u> </u> 99386	18-39			<u> </u> 99396	<u> </u> 99215
	<u> </u> 99387	40-64			<u> </u> 99397	
		65+				
Hospital Visits		Lab:				Injections:
Initial:		_____ 80048 Basic		_____ 86308 Monospot		_____ 90471 admin 1 vac
<u> </u> 99221		_____ metabolic panel		_____ test		_____ 90472 each add'l
<u> </u> 99222		_____ 87110 Chlamydia		_____ 88150 Pap		_____ vac
<u> </u> 99223		_____ culture		_____ 85610 Prothrombin		_____ 90716 Chickenpox
Subsequent:		_____ 85651 ESR;		_____ time		_____ 90702 DT
<u> </u> 99231		_____ nonautomated		_____ 84152 PSA		_____ 90700 DTaP
<u> </u> 99232		_____ 83001 FSH		_____ 86430 Rheumatoid		_____ 90657 Influenza
<u> </u> 99233		_____ 82947 Glucose,		_____ factor		_____ 0.25mL
Discharge:		_____ blood		_____ 82270 Stool		_____ 90658 Influenza
<u> </u> 99238		_____ 85025 Hemogram		_____ hemocult x 3		_____ 0.5mL
<u> </u> 99239		_____ (CBC) with		_____ 87430 Strep screen		_____ 90710 MMRV,
Nursing Facility		_____ differential		_____ 84478 Triglycerides		_____ subcutaneous
Initial:		_____ 80076 Hepatic		_____ 84443 TSH		_____ 90707 MMR
<u> </u> 99304		_____ function panel		_____ 81001 UA with		_____ 90649 4vHPV
<u> </u> 99305		_____ 85018 HGB		_____ microscopy		_____ 90713 Polio vac
<u> </u> 99306		_____ 86701 HIV-1		_____ 87088 UC		_____ inactivated (IPV)
Other		_____ 83002 LH		_____ 84550 Uric acid,		_____ 90714 Td
<u> </u>		_____ 80061 Lipid panel		_____ blood		_____ ECG: _____ 93000 ECG
<u> </u>		_____ 86617 Lyme		_____ 81025 Urine		Other
		_____ antibody		_____ pregnancy test		<u> </u>
				<u> </u>		<u> </u>
				<u> </u>		<u> </u>

WP 60-:

ANA MENDEZ'S PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information			Patient <u>Ana Mendez</u>			
3457 W. 63d Place Address			Date: 10/19/20--		Chart #MENDEANO	
Chicago, IL 60629-4270 City, State, ZIP			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
312-555-3606 Home phone			312-555-6022		1. <u>J03.90</u>	
self Responsible person			Fax: 312-555-0025		2. <u>I88.9</u>	
Blue Cross & Blue Shield Insurance			295-99-3325, 354 Grp 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 metabolic panel		_____ 86308 Monospot test		_____ 90471 admin 1 vac
_____ 99221		_____ 87110 Chlamydia culture		_____ 88150 Pap		_____ 90472 each add'l vac
_____ 99222		_____ 85651 ESR; nonautomated		_____ 85610 Prothrombin time		_____ 90716 Chickenpox
_____ 99223		_____ 83001 FSH		_____ 84152 PSA		_____ 90702 DT
Subsequent:		_____ 82947 Glucose, blood		_____ 86430 Rheumatoid factor		_____ 90700 DTaP
_____ 99231		_____ 85025 Hemogram (CBC) with differential		_____ 82270 Stool hemocult x 3		_____ 90657 Influenza 0.25mL
_____ 99232		_____ 80076 Hepatic function panel		_____ 87430 Strep screen		_____ 90658 Influenza 0.5mL
_____ 99233		_____ 85018 HGB		_____ 84478 Triglycerides		_____ 90710 MMRV, subcutaneous
Discharge:		_____ 86701 HIV-1		_____ 84443 TSH		_____ 90707 MMR
_____ 99238		_____ 83002 LH		_____ 81001 UA with microscopy		_____ 90649 4vHPV
_____ 99239		_____ 80061 Lipid panel		_____ 87088 UC		_____ 90713 Polio vac inactivated (IPV)
Nursing Facility		_____ 86617 Lyme antibody		_____ 84550 Uric acid, blood		_____ 90714 Td
Initial:				_____ 81025 Urine pregnancy test		ECG: _____ 93000 ECG
_____ 99304						Other
_____ 99305						_____
_____ 99306						_____
Other						_____
_____						_____
_____						_____

WP 61-:

DONALD MITCHELL'S PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit		Current Balance		
				Payment	Adjustment			
Patient Information			Patient <u>Donald Mitchell</u>					
5231 W. School Street Address			Date: 10/19/20--		Chart #MITCHD00			
Chicago, IL 60651-2248 City, State, ZIP			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240 312-555-6022 Fax: 312-555-0025		Diagnoses: 1. <u>Z00.129</u> 2. _____ 3. _____ 4. _____			
312-555-8153 Home phone							father 312-555-6141 Work phone	
Alan Mitchell Responsible person							father Relationship	
New York Mutual Insurance							304253, 5245 Grp 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 metabolic panel		_____ 86308 Monospot test		_____ 90471 admin 1 vac		
_____ 99221		_____ 87110 Chlamydia culture		_____ 88150 Pap		_____ 90472 each add'l vac		
_____ 99222		_____ 85651 ESR; nonautomated		_____ 85610 Prothrombin time		_____ 90716 Chickenpox		
_____ 99223		_____ 83001 FSH		_____ 84152 PSA		_____ 90702 DT		
Subsequent:		_____ 82947 Glucose, blood		_____ 86430 Rheumatoid factor		_____ 90700 DTaP		
_____ 99231		_____ 85025 Hemogram (CBC) with differential		_____ 82270 Stool hemocult x 3		_____ 90657 Influenza 0.25mL		
_____ 99232		_____ 80076 Hepatic function panel		_____ 87430 Strep screen		_____ 90658 Influenza 0.5mL		
_____ 99233		_____ 85018 HGB		_____ 84478 Triglycerides		_____ 90710 MMRV, subcutaneous		
Discharge:		_____ 86701 HIV-1		_____ 84443 TSH		_____ 90707 MMR		
_____ 99238		_____ 83002 LH		_____ 81001 JA with microscopy		_____ 90649 4vHPV		
_____ 99239		_____ 80061 Lipid panel		_____ 87088 UC		_____ 90713 Polio vac inactivated (IPV)		
Nursing Facility		_____ 86617 Lyme antibody		_____ 84550 Uric acid, blood		_____ 90714 Td		
Initial:				_____ 81025 Urine pregnancy test		ECG: _____ 93000 ECG		
_____ 99304						Other		
_____ 99305						_____		
_____ 99306						_____		
Other						_____		
_____						_____		
_____						_____		

WP 62-:

THERESA DAYTON'S PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information			Patient <u>Theresa Dayton</u>			
105 W. Chestnut Street Address			Date: 10/19/20--		Chart #DAYTOTH0	
Chicago, IL 60610-2816 City, State, ZIP			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
312-555-2231 Home phone		312-555-2583 Work phone	312-555-6022		1. <u>N60.09</u>	
self Responsible person			Fax: 312-555-0025		2. <u>Z30.9</u>	
University Health Plan, 797-90-1128, S357C Grp. Insurance					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 metabolic panel		_____ 90471 admin 1 vac		
_____ 99221		_____ 87110 Chlamydia culture		_____ 90472 each add'l vac		
_____ 99222		_____ 85651 ESR; nonautomated		_____ 90716 Chickenpox		
_____ 99223		_____ 83001 FSH		_____ 90702 DT		
Subsequent:		_____ 82947 Glucose, blood		_____ 90700 DTaP		
_____ 99231		_____ 85025 Hemogram (CBC) with differential		_____ 90657 Influenza 0.25mL		
_____ 99232		_____ 80076 Hepatic function panel		_____ 90658 Influenza 0.5mL		
_____ 99233		_____ 85018 HGB		_____ 90710 MMRV, subcutaneous		
Discharge:		_____ 86701 HIV-1		_____ 90707 MMR		
_____ 99238		_____ 83002 LH		_____ 90649 4vHPV		
_____ 99239		_____ 80061 Lipid panel		_____ 90713 Polio vac inactivated (IPV)		
Nursing Facility		_____ 86617 Lyme antibody		_____ 90714 Td		
Initial:				_____ 93000 ECG		
_____ 99304				Other		
_____ 99305				_____		
_____ 99306				_____		
Other				_____		
_____				_____		
_____				_____		

WP 63-:

RAYMOND MURRAY'S PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information			Patient <u>Raymond Murrary</u>			
3908 N. Central Avenue Address			Date: 10/19/20--		Chart #MURRARAO	
Chicago, IL 60634-3276 City, State, ZIP			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
312-555-6343 Home phone			312-555-6022		1. <u>J44.1</u>	
self Responsible person			Fax: 312-555-0025		2. <u>J40</u>	
Medicare Insurance			555-88-3822B 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 metabolic panel		_____ 86308 Monospot test		_____ 90471 admin 1 vac
_____ 99221		_____ 87110 Chlamydia culture		_____ 88150 Pap		_____ 90472 each add'l vac
_____ 99222		_____ 85651 ESR; nonautomated		_____ 85610 Prothrombin time		_____ 90716 Chickenpox
_____ 99223		_____ 83001 FSH		_____ 84152 PSA		_____ 90702 DT
Subsequent:		_____ 82947 Glucose, blood		_____ 86430 Rheumatoid factor		_____ 90700 DTaP
_____ 99231		_____ 85025 Hemogram (CBC) with differential		_____ 82270 Stool hemocult x 3		_____ 90657 Influenza 0.25mL
_____ 99232		_____ 80076 Hepatic function panel		_____ 87430 Strep screen		_____ 90658 Influenza 0.5mL
_____ 99233		_____ 85018 HGB		_____ 84478 Triglycerides		_____ 90710 MMRV, subcutaneous
Discharge:		_____ 86701 HIV-1		_____ 84443 TSH		_____ 90707 MMR
_____ 99238		_____ 83002 LH		_____ 81001 UA with microscopy		_____ 90649 4vHPV
_____ 99239		_____ 80061 Lipid panel		_____ 87088 UC		_____ 90713 Polio vac inactivated (IPV)
Nursing Facility		_____ 86617 Lyme antibody		_____ 84550 Uric acid, blood		_____ 90714 Td
Initial:				_____ 81025 Urine pregnancy test		ECG: _____ 93000 ECG
_____ 99304						Other
_____ 99305						_____
_____ 99306						_____
Other						_____
_____						_____
_____						_____

WP 64-:

DAILY JOURNAL #105

DAILY JOURNAL

DATE 10/19/20-- SHEET NO. 105

RECEIPT NUMBER	DATE	DESCRIPTION CODE	CHARGE	PAYMENT	ADJUSTMENTS	BALANCE	PREVIOUS BALANCE	NAME
1 1098		VOID		---	---			
2 1099	10/19	OV	44 00	---	---			Lund, Laura
3 1100	10/19	OV	44 00	8 80	---			Mendez, Ana
4 1101	10/19	CPE/UA	163 00	---	---			Mitchell, Donald
5 1102	10/19	OV	44 00	---	---			Dayton, Theresa
6 1103	10/19	Nursing home visit	53 00	---	---			Murray, Raymond
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 \$ _____

WP 67-:

MARC PHAN'S PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information			Patient <u>Marc Phan</u>			
9340 S. Green Street Address			Date: 10/24/20--		Chart #PHANMARO	
Chicago, IL 60620-8129 City, State, ZIP			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
312-555-3344 Home phone			312-555-2577 Work phone		1. <u>J40</u>	
Tam Phan Responsible person			312-555-6022		2. <u>L22</u>	
University Health Plan, 888-90-8229 A287-05 Insurance			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 metabolic panel		_____ 86308 Monospot test		_____ 90471 admin 1 vac
_____ 99221		_____ 87110 Chlamydia culture		_____ 88150 Pap		_____ 90472 each add'l vac
_____ 99222		_____ 85651 ESR; nonautomated		_____ 85610 Prothrombin time		_____ 90716 Chickenpox
_____ 99223		_____ 83001 FSH		_____ 84152 PSA		_____ 90702 DT
Subsequent:		_____ 82947 Glucose, blood		_____ 86430 Rheumatoid factor		_____ 90700 DTaP
_____ 99231		_____ 85025 Hemogram (CBC) with differential		_____ 82270 Stool hemocult x 3		_____ 90657 Influenza 0.25mL
_____ 99232		_____ 80076 Hepatic function panel		_____ 87430 Strep screen		_____ 90658 Influenza 0.5mL
_____ 99233		_____ 85018 HGB		_____ 84478 Triglycerides		_____ 90710 MMRV, subcutaneous
Discharge:		_____ 86701 HIV-1		_____ 84443 TSH		_____ 90707 MMR
_____ 99238		_____ 83002 LH		_____ 81001 UA with microscopy		_____ 90649 4vHPV
_____ 99239		_____ 80061 Lipid panel		_____ 87088 UC		_____ 90713 Polio vac inactivated (IPV)
Nursing Facility		_____ 86617 Lyme antibody		_____ 84550 Uric acid, blood		_____ 90714 Td
Initial:				_____ 81025 Urine pregnancy test		_____ 93000 ECG
_____ 99304						ECG:
_____ 99305						_____ 93000 ECG
_____ 99306						Other
Other						_____
_____						_____
_____						_____

WP 68-:

SARAH MORTON'S PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information			Patient <u>Sarah Morton</u>			
723 W. Sixth Place Address			Date: 10/24/20--		Chart #MORTOSAO	
Chicago, IL 60621-2314 City, State, ZIP			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
312-555-2324 Home phone			312-555-8876 Work phone		1. <u>M41.20</u>	
Esther Morton Responsible person			312-555-6022		2. <u>M21.769</u>	
Northstar Insurance Insurance			300-29-1874 255-03 Contract numbers		3. _____	
			Fax: 312-555-0025		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 metabolic panel		_____ 86308 Monospot test		_____ 90471 admin 1 vac
_____ 99221		_____ 87110 Chlamydia culture		_____ 88150 Pap		_____ 90472 each add'l vac
_____ 99222		_____ 85651 ESR; nonautomated		_____ 85610 Prothrombin time		_____ 90716 Chickenpox
_____ 99223		_____ 83001 FSH		_____ 84152 PSA		_____ 90702 DT
Subsequent:		_____ 82947 Glucose, blood		_____ 86430 Rheumatoid factor		_____ 90700 DTaP
_____ 99231		_____ 85025 Hemogram (CBC) with differential		_____ 82270 Stool hemocult x 3		_____ 90657 Influenza 0.25mL
_____ 99232		_____ 80076 Hepatic function panel		_____ 87430 Strep screen		_____ 90658 Influenza 0.5mL
_____ 99233		_____ 85018 HGB		_____ 84478 Triglycerides		_____ 90710 MMRV, subcutaneous
Discharge:		_____ 86701 HIV-1		_____ 84443 TSH		_____ 90707 MMR
_____ 99238		_____ 83002 LH		_____ 81001 UA with microscopy		_____ 90649 4vHPV
_____ 99239		_____ 80061 Lipid panel		_____ 87088 UC		_____ 90713 Polio vac inactivated (IPV)
Nursing Facility		_____ 86617 Lyme antibody		_____ 84550 Uric acid, blood		_____ 90714 Td
Initial:				_____ 81025 Urine pregnancy test		_____ 93000 ECG
_____ 99304						ECG: _____ 93000 ECG
_____ 99305						Other
_____ 99306						_____
Other						_____
_____						_____
_____						_____

WP 69-:

DORIS CASAGRANDA'S PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information			Patient <u>Doris Casagranda</u>			
3132 W. 42d Street			Date: 10/24/20--		Chart #CASAGD00	
Address			Karen Larsen, MD		Diagnoses:	
Chicago, IL 60632-1406			2235 S. Ridgeway Avenue		1. <u>L73.2</u>	
City, State, ZIP			Chicago, IL 60623-2240		2. _____	
312-555-1200			312-555-1245		3. _____	
Home phone			312-555-6022		4. _____	
George Casagranda			312-555-6022			
Responsible person			312-555-6022			
Relationship			312-555-0025			
National Insurance			497-27-3367-05			
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		
_____ 99222		_____ 87110 Chlamydia		vac		
_____ 99223		culture		_____ 90716 Chickenpox		
Subsequent:		_____ 85651 ESR;		_____ 90702 DT		
_____ 99231		nonautomated		_____ 90700 DTaP		
_____ 99232		_____ 83001 FSH		_____ 90657 Influenza		
_____ 99233		_____ 82947 Glucose,		0.25mL		
Discharge:		blood		_____ 90658 Influenza		
_____ 99238		_____ 85025 Hemogram		0.5mL		
_____ 99239		(CBC) with		_____ 90710 MMRV,		
Nursing Facility		differential		subcutaneous		
Initial:		_____ 80076 Hepatic		_____ 90707 MMR		
_____ 99304		function panel		_____ 90649 4vHPV		
_____ 99305		_____ 85018 HGB		_____ 90713 Polio vac		
_____ 99306		_____ 86701 HIV-1		inactivated (IPV)		
Other		_____ 83002 LH		_____ 90714 Td		
_____		_____ 80061 Lipid panel		ECG: _____ 93000 ECG		
_____		_____ 86617 Lyme		Other		
		antibody		_____		

WP 72-:

CHECKS RECEIVED: DAILY JOURNAL #106

	NO. <u>5321</u>	20 - 62 710
PAY TO THE ORDER OF <u>Karen Larsen, MD</u>	<u>October 24</u> 20 --	\$ <u>44⁰⁰/100</u>
<u>Forty-four and ⁰⁰/100</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 TO THE ORDER OF <u>Karen Larsen, MD</u>	<u>October 24</u> 20 --	\$ <u>44 and ⁰⁰/100</u>
<u>Forty-four and ⁰⁰/100</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 TO THE ORDER OF <u>Karen Larsen, MD</u>	<u>October 24</u> 20 --	\$ <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 TO THE ORDER OF <u>Karen Larsen, MD</u>	<u>October 24</u> 20 --	\$ <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⑆⑆		

WP 73-:

DAILY JOURNAL #106

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 \$ _____

WP 74-:

MONICA ARMSTRONG'S PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information 5518 Monroe Street Address Chicago, IL 60644-5519 City, State, ZIP 312-555-4413 312-555-8825 Home phone Work phone self Responsible person Relationship Blue Cross/Blue Shield, 486-29-3789-1, 2458 Grp Insurance Contract numbers			Patient _____ Monica Armstrong Date: 10/25/20__ Chart # ARMSTM00 Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240 312-555-6022 Fax: 312-555-0025 Diagnoses: 1. Z01.419 2. N92.0 3. N84.1 4. R01.1			
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 Discharge: _____ 99238 _____ 99239 Nursing Facility Initial: _____ 99304 _____ 99305 _____ 99306 Other _____ _____	Lab: _____ 80048 Basic metabolic panel _____ 87110 Chlamydia culture _____ 85651 ESR; nonautomated _____ 83001 FSH _____ 82947 Glucose, blood _____ 85025 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 DTaP _____ 90657 Influenza 0.25mL _____ 90658 Influenza 0.5mL _____ 90710 MMRV, subcutaneous _____ 90707 MMR _____ 90649 4vHPV _____ 90713 Polio vac inactivated (IPV) _____ 90714 Td ECG: _____ 93000 ECG Other _____ _____			

WP 75-:

JEFFREY KRAMER'S PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information			Patient <u>Jeffrey Kramer</u>			
510 N. Marine Drive Address			Date: 10/25/20--		Chart #KRAMJE0	
Chicago, IL 60640-5607 City, State, ZIP			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
312-555-1913 Home phone			312-555-8820 Work phone		1. <u>H66.009</u>	
Andrew Kramer Responsible person			father		2. <u>H60.399</u>	
Northstar Premium Insurance, Insurance			747-22-3401-02, Grp 411 Contract numbers		3. _____	
			312-555-6022		4. _____	
			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		_____ 90471 admin 1 vac		
_____ 99221		metabolic panel		_____ 90472 each add'l vac		
_____ 99222		_____ 87110 Chlamydia culture		_____ 90716 Chickenpox		
_____ 99223		_____ 85651 ESR; nonautomated		_____ 90702 DT		
Subsequent:		_____ 83001 FSH		_____ 90700 DTaP		
_____ 99231		_____ 82947 Glucose, blood		_____ 90657 Influenza 0.25mL		
_____ 99232		_____ 85025 Hemogram (CBC) with differential		_____ 90658 Influenza 0.5mL		
_____ 99233		_____ 80076 Hepatic function panel		_____ 90710 MMRV, subcutaneous		
Discharge:		_____ 85018 HGB		_____ 90707 MMR		
_____ 99238		_____ 86701 HIV-1		_____ 90649 4vHPV		
_____ 99239		_____ 83002 LH		_____ 90713 Polio vac inactivated (IPV)		
Nursing Facility		_____ 80061 Lipid panel		_____ 90714 Td		
Initial:		_____ 86617 Lyme antibody		_____ 93000 ECG		
_____ 99304				Other		
_____ 99305				_____		
_____ 99306				_____		
Other				_____		
_____				_____		
_____				_____		

WP 76-:

CHENG SUN'S PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information			Patient <u>Cheng Sun</u>			
2235 W. School Street Address			Date: 10/25/20--		Chart #SUNCHENO	
Chicago, IL 60618-5785 City, State, ZIP			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
312-555-3750 Home phone 312-555-8149 Work phone			312-555-6022		1. <u>200.00</u>	
self Responsible person Relationship			Fax: 312-555-0025		2. _____	
Metro State Plan, 285-90-9125, 35A Grp. Insurance 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 metabolic panel		_____ 86308 Monospot test		_____ 90471 admin 1 vac
_____ 99221		_____ 87110 Chlamydia culture		_____ 88150 Pap		_____ 90472 each add'l vac
_____ 99222		_____ 85651 ESR; nonautomated		_____ 85610 Prothrombin time		_____ 90716 Chickenpox
_____ 99223		_____ 83001 FSH		_____ 84152 PSA		_____ 90702 DT
Subsequent:		_____ 82947 Glucose, blood		_____ 86430 Rheumatoid factor		_____ 90700 DTaP
_____ 99231		_____ 85025 Hemogram (CBC) with differential		_____ 82270 Stool hemocult x 3		_____ 90657 Influenza 0.25mL
_____ 99232		_____ 80076 Hepatic function panel		_____ 87430 Strep screen		_____ 90658 Influenza 0.5mL
_____ 99233		_____ 85018 HGB		_____ 84478 Triglycerides		_____ 90710 MMRV, subcutaneous
Discharge:		_____ 86701 HIV-1		_____ 84443 TSH		_____ 90707 MMR
_____ 99238		_____ 83002 LH		_____ 81001 UA with microscopy		_____ 90649 4vHPV
_____ 99239		_____ 80061 Lipid panel		_____ 87088 UC		_____ 90713 Polio vac inactivated (IPV)
Nursing Facility		_____ 86617 Lyme antibody		_____ 84550 Uric acid, blood		_____ 90714 Td
Initial:				_____ 81025 Urine pregnancy test		_____ 93000 ECG
_____ 99304						Other
_____ 99305						_____
_____ 99306						_____
Other						_____
_____						_____
_____						_____

WP 77-:

CHECKS RECEIVED: DAILY JOURNAL #107

		NO. <u>1532106</u>	20 - 62 710
PAY TO THE ORDER OF	<u>October 25</u>	<u>20 --</u>	
<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 TO THE ORDER OF	<u>October 25</u>	<u>20 --</u>	
<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 TO THE ORDER OF	<u>October 25</u>	<u>20 --</u>	
<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 TO THE ORDER OF	<u>October 25</u>	<u>20 --</u>	
<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⑆⑆			

WP 78-:

DAILY JOURNAL #107

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								
▲ 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 \$ _____

WP 79-:

THOMAS BAAB'S PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information			Patient <u>Thomas Baab</u>			
5015 N. Ridgeway Avenue Address			Date: 10/26/20--		Chart #BAABTHOMO	
Chicago, IL 60625-1220 City, State, ZIP			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
312-555-3478 Home phone		312-555-8830 Work phone	312-555-6022		1. <u>E78.5</u>	
self			Fax: 312-555-0025		2. _____	
Responsible person University Health Plan,		Relationship 581-57-0376-59, A87 Grp			3. _____	
Insurance		Contract numbers			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 metabolic panel		_____ 86308 Monospot test		_____ 90471 admin 1 vac
_____ 99221		_____ 87110 Chlamydia culture		_____ 88150 Pap		_____ 90472 each add'l vac
_____ 99222		_____ 85651 ESR; nonautomated		_____ 85610 Prothrombin time		_____ 90716 Chickenpox
_____ 99223		_____ 83001 FSH		_____ 84152 PSA		_____ 90702 DT
Subsequent:		_____ 82947 Glucose, blood		_____ 86430 Rheumatoid factor		_____ 90700 DTaP
_____ 99231		_____ 85025 Hemogram (CBC) with differential		_____ 82270 Stool hemocult x 3		_____ 90657 Influenza 0.25mL
_____ 99232		_____ 80076 Hepatic function panel		_____ 87430 Strep screen		_____ 90658 Influenza 0.5mL
_____ 99233		_____ 85018 HGB		_____ 84478 Triglycerides		_____ 90710 MMRV, subcutaneous
Discharge:		_____ 86701 HIV-1		_____ 81001 UA with microscopy		_____ 90707 MMR
_____ 99238		_____ 83002 LH		_____ 87088 UC		_____ 90649 4vHPV
_____ 99239		_____ 80061 Lipid panel		_____ 84550 Uric acid, blood		_____ 90713 Polio vac inactivated (IPV)
Nursing Facility		_____ 86617 Lyme antibody		_____ 81025 Urine pregnancy test		_____ 90714 Td
Initial:						ECG: _____ 93000 ECG
_____ 99304						Other
_____ 99305						_____
_____ 99306						_____
Other						_____
_____						_____
_____						_____

WP 80-:

THERESA DAYTON'S PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information			Patient <u>Theresa Dayton</u>			
105 W. Chestnut Street <small>Address</small>			Date: 10/26/20--		Chart #DAYTOTH0	
Chicago, IL 60610-2816 <small>City, State, ZIP</small>			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240 312-555-6022 Fax: 312-555-0025		Diagnoses: 1. <u>G44.209</u> 2. _____ 3. _____ 4. _____	
312-555-2231 312-555-2583 <small>Home phone Work phone</small>						
self <small>Responsible person Relationship</small> University Health Plan, 797-90-1128, S357C 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: _____ 99221 _____ 99222 _____ 99223		_____ 80048 Basic metabolic panel		_____ 86308 Monospot test		_____ 90471 admin 1 vac
Subsequent: _____ 99231 _____ 99232 _____ 99233		_____ 87110 Chlamydia culture		_____ 88150 Pap		_____ 90472 each add'l vac
Discharge: _____ 99238 _____ 99239		_____ 85651 ESR; nonautomated		_____ 85610 Prothrombin time		_____ 90716 Chickenpox
Nursing Facility		_____ 83001 FSH		_____ 84152 PSA		_____ 90702 DT
Initial: _____ 99304 _____ 99305 _____ 99306		_____ 82947 Glucose, blood		_____ 86430 Rheumatoid factor		_____ 90700 DTaP
Other		_____ 85025 Hemogram (CBC) with differential		_____ 82270 Stool hemocult x 3		_____ 90657 Influenza 0.25mL
		_____ 80076 Hepatic function panel		_____ 87430 Strep screen		_____ 90658 Influenza 0.5mL
		_____ 85018 HGB		_____ 84478 Triglycerides		_____ 90710 MMRV, subcutaneous
		_____ 86701 HIV-1		_____ 84443 TSH		_____ 90707 MMR
		_____ 83002 LH		_____ 81001 UA with microscopy		_____ 90649 4vHPV
		_____ 80061 Lipid panel		_____ 87088 UC		_____ 90713 Polio vac inactivated (IPV)
		_____ 86617 Lyme antibody		_____ 84550 Uric acid, blood		_____ 90714 Td
				_____ 81025 Urine pregnancy test		ECG: _____ 93000 ECG
						Other

WP 81-:

ARDIS MATTHEWS' PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information			Patient <u>Ardis Matthews</u>			
2000 North Lincoln Park West Address			Date: 10/26/20--		Chart #MATTHARO	
Chicago, IL 60614-1411 City, State, ZIP			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
312-555-3178 312-555-8848 Home phone Work phone			312-555-6022		1. <u>R51</u>	
Earl Matthews husband Responsible person Relationship			Fax: 312-555-0025		2. _____	
Arling Employee Plan, 294-82-8099-02, 33A Grp Insurance 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 metabolic panel		_____ 86308 Monospot test		_____ 90471 admin 1 vac
_____ 99221		_____ 87110 Chlamydia culture		_____ 88150 Pap		_____ 90472 each add'l vac
_____ 99222		_____ 85651 ESR; nonautomated		_____ 85610 Prothrombin time		_____ 90716 Chickenpox
_____ 99223		_____ 83001 FSH		_____ 84152 PSA		_____ 90702 DT
Subsequent:		_____ 82947 Glucose, blood		_____ 86430 Rheumatoid factor		_____ 90700 DTaP
_____ 99231		_____ 85025 Hemogram (CBC) with differential		_____ 82270 Stool hemocult x 3		_____ 90657 Influenza 0.25mL
_____ 99232		_____ 80076 Hepatic function panel		_____ 87430 Strep screen		_____ 90658 Influenza 0.5mL
_____ 99233		_____ 85018 HGB		_____ 84478 Triglycerides		_____ 90710 MMRV, subcutaneous
Discharge:		_____ 86701 HIV-1		_____ 84443 TSH		_____ 90707 MMR
_____ 99238		_____ 83002 LH		_____ 81001 UA with microscopy		_____ 90649 4vHPV
_____ 99239		_____ 80061 Lipid panel		_____ 87088 UC		_____ 90713 Polio vac inactivated (IPV)
Nursing Facility		_____ 86617 Lyme antibody		_____ 84550 Uric acid, blood		_____ 90714 Td
Initial:				_____ 81025 Urine pregnancy test		ECG: _____ 93000 ECG
_____ 99304						Other
_____ 99305						_____
_____ 99306						_____
Other						_____
_____						_____
_____						_____

WP 82-:

ANA MENDEZ'S PATIENT ENCOUNTER FORM

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 self Responsible person Blue Cross & Blue Shield, Insurance			Patient <u>Ana Mendez</u> Date: 10/26/20-- Chart #MEENDEANO Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240 312-555-6022 Fax: 312-555-0025			Diagnoses: 1. <u>J01.90</u> 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 Discharge: _____ 99238 _____ 99239 Nursing Facility Initial: _____ 99304 _____ 99305 _____ 99306 Other _____ _____		Lab: _____ 80048 Basic metabolic panel _____ 87110 Chlamydia culture _____ 85651 ESR; nonautomated _____ 83001 FSH _____ 82947 Glucose, blood _____ 85025 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 DTaP _____ 90657 Influenza 0.25mL _____ 90658 Influenza 0.5mL _____ 90710 MMRV, subcutaneous _____ 90707 MMR _____ 90649 4vHPV _____ 90713 Polio vac inactivated (IPV) _____ 90714 Td ECG: _____ 93000 ECG Other _____ _____	

WP 83-:

GARY ROBERTSON'S PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information			Patient <u>Gary Robertson</u>			
3449 W. Foster Avenue Address			Date: 10/26/20--		Chart #ROBERGAO	
Chicago, IL 60625-2377 City, State, ZIP			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
312-555-3360 Home phone			312-555-8857 Work phone		1. <u>N10</u>	
self Responsible person			312-555-6022		2. _____	
Prudential Group Health Insurance			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 metabolic panel		_____ 86308 Monospot test		_____ 90471 admin 1 vac
_____ 99221		_____ 87110 Chlamydia culture		_____ 88150 Pap		_____ 90472 each add'l vac
_____ 99222		_____ 85651 ESR; nonautomated		_____ 85610 Prothrombin time		_____ 90716 Chickenpox
_____ 99223		_____ 83001 FSH		_____ 84152 PSA		_____ 90702 DT
Subsequent:		_____ 82947 Glucose, blood		_____ 86430 Rheumatoid factor		_____ 90700 DTaP
_____ 99231		_____ 85025 Hemogram (CBC) with differential		_____ 82270 Stool hemocult x 3		_____ 90657 Influenza 0.25mL
_____ 99232		_____ 80076 Hepatic function panel		_____ 87430 Strep screen		_____ 90658 Influenza 0.5mL
_____ 99233		_____ 85018 HGB		_____ 84478 Triglycerides		_____ 90710 MMRV, subcutaneous
Discharge:		_____ 86701 HIV-1		_____ 84443 TSH		_____ 90707 MMR
_____ 99238		_____ 83002 LH		_____ 81001 UA with microscopy		_____ 90649 4vHPV
_____ 99239		_____ 80061 Lipid panel		_____ 87088 UC		_____ 90713 Polio vac inactivated (IPV)
Nursing Facility		_____ 86617 Lyme antibody		_____ 84550 Uric acid, blood		_____ 90714 Td
Initial:				_____ 81025 Urine pregnancy test		ECG: _____ 93000 ECG
_____ 99304						Other
_____ 99305						_____
_____ 99306						_____
Other						_____
_____						_____
_____						_____

WP 84-:

FLORENCE SHERMAN'S PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit		Current Balance
				Payment	Adjustment	
Patient Information			Patient <u>Florence Sherman</u>			
6111 N. Lincoln Avenue Address			Date: 10/26/20--		Chart #SHERMFLO	
Chicago, IL 60608-3173 City, State, ZIP			Karen Larsen, MD 2235 S. Ridgeway Avenue Chicago, IL 60623-2240		Diagnoses:	
312-555-1217 Home phone			312-555-6022		1. <u>S10.93XA</u>	
self Responsible person			Fax: 312-555-0025		2. <u>S40.029A</u>	
Medicare Insurance			669-35-2244B 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 metabolic panel		_____ 86308 Monospot test		_____ 90471 admin 1 vac
_____ 99221		_____ 87110 Chlamydia culture		_____ 88150 Pap		_____ 90472 each add'l vac
_____ 99222		_____ 85651 ESR; nonautomated		_____ 85610 Prothrombin time		_____ 90716 Chickenpox
_____ 99223		_____ 83001 FSH		_____ 84152 PSA		_____ 90702 DT
Subsequent:		_____ 82947 Glucose, blood		_____ 86430 Rheumatoid factor		_____ 90700 DTaP
_____ 99231		_____ 85025 Hemogram (CBC) with differential		_____ 82270 Stool hemocult x 3		_____ 90657 Influenza 0.25mL
_____ 99232		_____ 80076 Hepatic function panel		_____ 87430 Strep screen		_____ 90658 Influenza 0.5mL
_____ 99233		_____ 85018 HGB		_____ 84478 Triglycerides		_____ 90710 MMRV, subcutaneous
Discharge:		_____ 86701 HIV-1		_____ 84443 TSH		_____ 90707 MMR
_____ 99238		_____ 83002 LH		_____ 81001 UA with microscopy		_____ 90649 4vHPV
_____ 99239		_____ 80061 Lipid panel		_____ 87088 UC		_____ 90713 Polio vac inactivated (IPV)
Nursing Facility		_____ 86617 Lyme antibody		_____ 84550 Uric acid, blood		_____ 90714 Td
Initial:				_____ 81025 Urine pregnancy test		ECG: _____ 93000 ECG
_____ 99304						Other
_____ 99305						_____
_____ 99306						_____
Other						_____
_____						_____
_____						_____

WP 85-:

CHECKS RECEIVED: DAILY JOURNAL #108

		NO. <u>439205</u>	20 - 62 710
PAY TO THE ORDER OF <u>Karen Larsen, MD</u>		<u>October 26</u> 20 --	
		\$ <u>114 and ⁰⁰/₁₀₀</u>	
<u>One hundred fourteen and ⁰⁰/₁₀₀</u>			DOLLARS
First National Bank Chicago, IL 60623-2791			
FOR <u>Todd Grant</u>		<u>Prudential Plan</u>	
⑆0710⑆⑆0062 081⑆⑆502249⑆⑆			

		NO. <u>1983425</u>	20 - 62 710
PAY TO THE ORDER OF <u>Karen Larsen, MD</u>		<u>October 26</u> 20 --	
		\$ <u>42 and ⁴⁰/₁₀₀</u>	
<u>Forty-two and ⁴⁰/₁₀₀</u>			DOLLARS
First National Bank Chicago, IL 60623-2791			
FOR <u>Raymond Murray</u>		<u>Medicare</u>	
⑆0710⑆⑆0062 242⑆⑆046580⑆⑆			

		NO. <u>475</u>	20 - 62 710
PAY TO THE ORDER OF <u>Karen Larsen, MD</u>		<u>October 26</u> 20 --	
		\$ <u>86 and ²⁰/₁₀₀</u>	
<u>Eighty-six and ²⁰/₁₀₀</u>			DOLLARS
First National Bank Chicago, IL 60623-2791			
FOR _____		<u>Clarence Rogers</u>	
⑆0710⑆⑆0062 202⑆⑆056232⑆⑆			

		NO. <u>704382</u>	20 - 62 710
PAY TO THE ORDER OF <u>Karen Larsen, MD</u>		<u>October 26</u> 20 --	
		\$ <u>66 and ⁴⁰/₁₀₀</u>	
<u>Sixty-six and ⁴⁰/₁₀₀</u>			DOLLARS
Chicago Bank Chicago, IL 60621			
FOR <u>Stephen Villano</u>		<u>Employee Benefit Plan</u>	
⑆0710⑆⑆0155 262⑆⑆025592⑆⑆			

WP 86-:

DAILY JOURNAL #108

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 \$ _____