# **WORKING PAPERS:**

### WORKING PAPERS

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2	Physician's Obligations and Medical Law
3	Medical Liability and Communications
4	Legal Terms
5	Outside Services
6	Chart Note
7–8	Proofing and Editing Reports
9	Communications Terms
10–17	Message Forms
18	Scheduling Decision Making
19	Appointment Schedule Information
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39	Computer Technology
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43	Records Release
44	Telephone Log
45	To-Do List
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47	Insurance Plans, Payers, and Payment Methods
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49	Janet Provost's Patient Encounter Form
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- Telephone Log
- 66 To-Do List
- Marc Phan's Patient Encounter Form
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- 81 Ardis Matthews' Patient Encounter Form
- Ana Mendez's Patient Encounter Form

- 83 Gary Robertson's Patient Encounter Form
- 84 Florence Sherman's Patient Encounter Form
- 85 Checks Received: Daily Journal #108
- 86 Daily Journal #108

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www.mhhe.com/Medisoft

Working Papers are also included in Connect within relevant projects or simulations.

### **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	Co	Column 2	
1. On time and ready to work	a.	Accurate	
2. Inspired to increase knowledge and to advance	b.	assertive	
3. Able to produce work with few or no errors	c.	cheerful	
4. Able to understand how a patient feels	d.	confidentiality	
5. Careful to pay attention to detail	e.	efficient	
<b>6.</b> Truthful; trustworthy	f.	empathetic	
7. Privacy for all patient information	g.	flexible	
<b>8.</b> Ability to take independent action	h.	honest	
9. The correct appearance for the job	i.	initiative	
10. Able to present ideas and information without offending	j.	professional image	
11. A person who works well with associates and pitches in when			
needed	k.	punctual	
12. Able to make good use of time and materials and to be organized	1.	self-motivated	
13. Able to present ideas to others with confidence	m.	tactful	
14. Pleasant and friendly	n.	team player	
15. Able to adapt to new conditions; willing to try new ideas	ο.	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.

atement 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.
<b>2.</b> A license to practice is good for the life of the physician.
<b>3.</b> A physician must obtain an annual permit for narcotic registration.
<b>4.</b> 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.
<b>6.</b> A physician is legally obligated to seek a referral if the conditions are beyond the
physician's scope of knowledge.
<b>7.</b> A physician's license to practice medicine is valid in all 50 states.
<b>8.</b> 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 <i>majority</i> .
<b>14.</b> 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.

<b>1.</b> The charge of battery exists when there is a clear threat of injury to another.
<b>2.</b> A subpoena orders the defendant to answer the stated charges.
<b>3.</b> Contributory negligence may exist if the patient has failed to follow the physician's
advice and treatment.
<b>4.</b> Access to health records is the form that contains written permission to release
patient information.
<b>5.</b> Defensive medicine means the physician is dissolving legal responsibility.
<b>6.</b> An authorization for release of information does not have the physician's signature.
<b>7.</b> A statute of limitations controls the time limit for starting a lawsuit.
<b>8.</b> Using e-mail to transmit medical documents is preferred over faxing documents.
<b>9.</b> 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	Column 2
1. Standards of right and wrong conduct	a. bandonment
<b>2.</b> Adherence to rules and regulations	<b>b.</b> arbitration
<b>3.</b> Patient's permission for treatment when he or she enters a doctor's	
office	c. assault
4. Legal responsibility	<b>d.</b> battery
5. Testimony under oath, usually outside of court	e. compliance
<b> 6.</b> Behavior and customs that are considered good manners	<b>f.</b> deposition
7. Time limit for a lawsuit to start	g. ethics
<b>8.</b> Physician's leaving a case before the patient is recovered or	
transferred	<b>h.</b> etiquette
<b>9.</b> State law that governs the state's practice of medicine	i. express consent
10. Patient's written agreement to have a procedure performed	<b>j.</b> fraud
11. Clear threat of injury	k. Good Samaritan Act
12. Depriving others of their rights by dishonest means	l. implied consent
<b>13.</b> A lawsuit	<b>m.</b> liability
<b>14.</b> Legal document ordering all relevant documents to be submitted to	
the court	<b>n.</b> litigation
15. Authorization to send the patient's information to another physician	o. Medical Practice Act
16. Operating beyond the patient's given consent	<b>p.</b> release of information
17. Written notice sent to the defendant asking for an answer to the	
charges	<b>q.</b> statute of limitations
18. Resolution of a case brought about by an unbiased third party19. Protection for the physician from liability of civil damages in	r. statutory report
emergency care	s. subpoena
<b>20.</b> Confidential information that must be submitted to the state	
department	t. summons

# **WP 5-:**

### **OUTSIDE SERVICES**

Hugh Arnold, MD	Martinez Transcription Service
2785 South Ridgeway Avenue, Suite 440	2200 South Ridgeway Avenue
Chicago, IL 60647-2700	Chicago, IL 60623-2000
312-555-6800 Internist	312-555-2424 Betze Martinez
Jason Berger, MD	Elizabeth Miller-Young, MD
5000 North Oak Park Drive	2901 West Fifth Avenue, Suite 205
Chicago, IL 60634-0005	Chicago, IL 60612-9002
312-555-7050 Personal friend	312-555-3500 <b>OB/GYN</b>
Consumer Pharmacy	Mark Newman, MD
Pharmacists: Dale Geddal, MD	2785 South Ridgeway Avenue
312-555-1252 Joy Rishard, MD	Chicago, IL 60647-2700
Pharmacy in medical center	312-555-2700 <b>On-call doctor</b>
Lynn Corbett, MD	Margery Pierce, MD
Professional Building	6452 North Ridgeway Avenue, Suite 209
8672 South Ridgeway Avenue, Suite 300	Chicago, IL 60626-5462
Chicago, IL 60623-2240	312-555-4880 Pediatrician
312-555-2300 <b>Cardiologist</b>	
Richard Diangelis, MD	Laura Sinn, MD
2785 South Ridgeway Avenue, Suite 280	2901 West Fifth Avenue, Suite 100
Chicago, IL 60647-2700	Chicago, IL 60612-9002
312-555-1575 <b>Ophthalmologist</b>	312-555-7850 <b>Urologist</b>
Greg Koski, MD	Theresa Townsend, MD
Professional Building	500 South Dearborn Street
8672 South Ridgeway Avenue, Suite 350	Chicago, IL 60605-0005 Chairperson
Chicago, IL 60623-2240	312-555-2200 Chicago Medical Society
312-555-4500 Orthopedic surgeon	
University Hospital	Education services:
5500 North Ridgeway Avenue	Juanita Yates 312-555-2950
Chicago, IL 60625-1200	<b>Human resources:</b> 312-555-1200
312-555-2500	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/1s

#### PROOFING AND EDITING REPORTS

1 2 inches

#### RUBELLA (GERMAN MEASLES)

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

#### DEFINITION

Rubella (german measles) is a 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 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 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 rash. This rash lasts about three days.

(Define lymphadenopathy.)

#### CLINICAL SYSTEMS

The first,
A clinical symptoms of rubella include swollen gands, fever, sore throat, cough,
often
and fatigue. The pruritic rash generally starts in 1 to 5 days after the prodrome.

The rash begins on the face and trunk and spreads to the upper and lower extremities. Symptom of headache and conjunctivitis may occur after the rash. (Define conjunctivitis, pruritic, and swollen glands.)

#### ADDITIONAL ASSIGNMENT:

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

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

Investigate what diagnostic testing can be done for the occurrence rubella. Investigate treatment options.

#### PROOFING AND EDITING REPORTS

#### MUMPS (INFECTIOUS PAROTITIS)

#### DEFINITION

Mumps is an viral disease that may include myalgia, anorexia, malaise, and headache, low-grade fever, parotid gland tenderness and unilateral or bilateral swelling, although manyother organs can be involved. (Define the following terms: myalgia, anorexia, and malaise.)

#### ETIOLOGY

Mumps is caused paramyxovirus transmitted in saliva droplets or direct contact. The virus lives in the salvia 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 from 14 to 25 days.

#### INCIDENCE

(Investigate the incidence in the past 10 years.)

#### **PATHOPHYSIOLOGY**

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

#### CLINICAL SYMPTOMS

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

#### ADDITIONAL ASSIGNMENT:

Investigate what complications may occur with mumps in children and adults. Summarize how mumps would be diagnosed.

Summarize outpatient and inpate int 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 cited3. 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
- \_\_\_\_ **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

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### **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.
	10.00

Patient appointments 10:30 A.M. – 12 noon

Lunch 12 noon – 1:00 p.m.

Teach and work at University Hospital 1:00 P.M. – 5:00 P.M.

#### **Thursday**

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

#### **Friday**

Hospital rounds	8:00  A.m. - 10:00  A.m.
-----------------	--------------------------

Travel time 10:00 A.M. - 10:30 A.M.

Office for dictation, messages, writing, and course preparation

10:30 A.M. − 12 noon

Office closed 12 noon - 5:00 P.M.

#### **Length of Appointments**

Complete physical examination 1 hour

All other appointments, unless designated 15 minutes

#### **Appointment Abbreviations**

abd abdominal

BP blood pressure

✓ checkup

Dx diagnosis

ECG electrocardiogram

F/U follow-up visit

FX fracture

GI gastrointestinal

N & V nausea and vomiting

NP new patient

CPE, PE physical examination

preop preoperative

postop postoperative

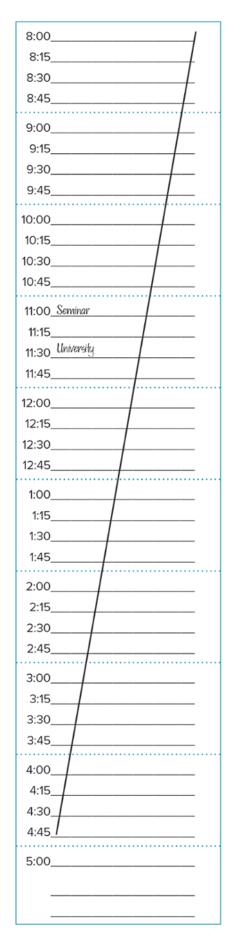
# **WP 20-:**

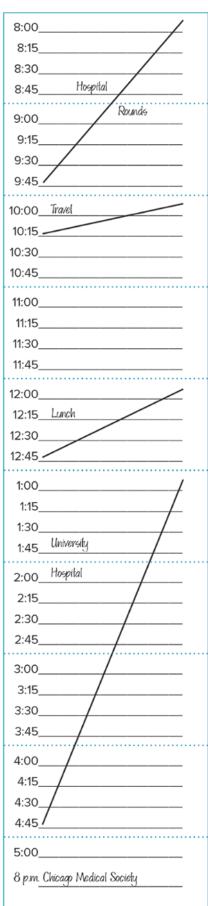
**APPOINTMENT CALENDAR PAGES** 

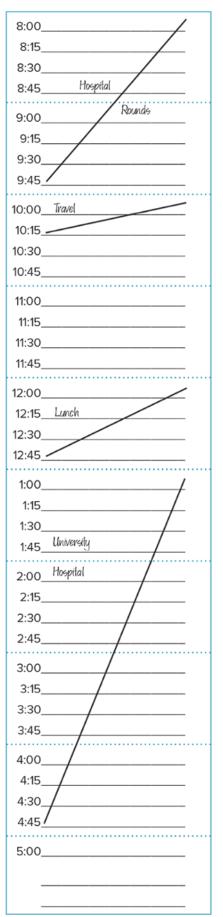
### Monday, October 10

#### Tuesday, October 11

#### Wednesday, October 12



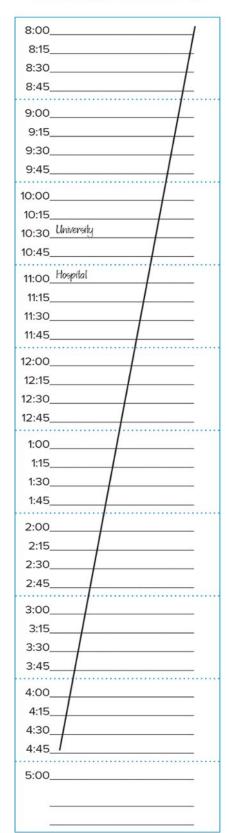


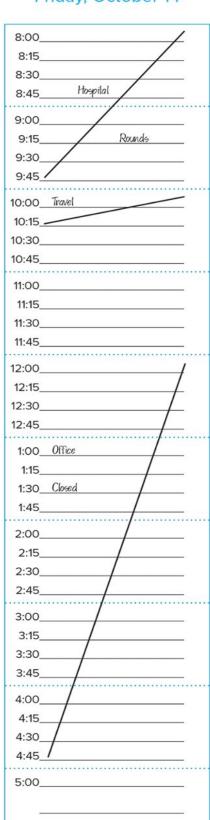


### **WP 21-:**

#### **APPOINTMENT CALENDAR PAGES**

#### Thursday, October 13 Friday, October 14





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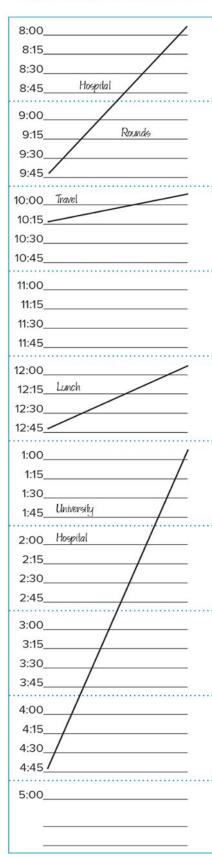
### **WP 22-:**

#### **APPOINTMENT CALENDAR PAGES**

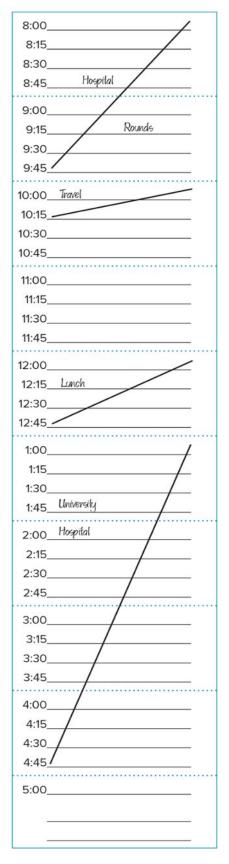
#### Monday, October 17

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

#### Tuesday, October 18



#### Wednesday, October 19

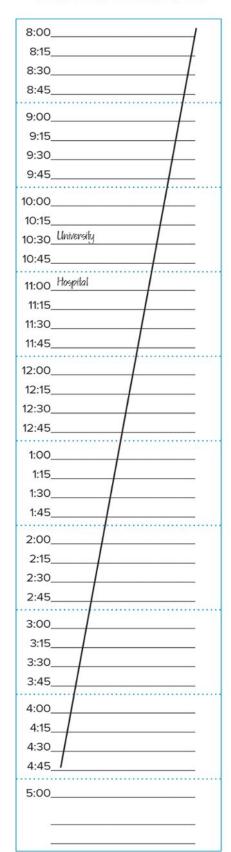


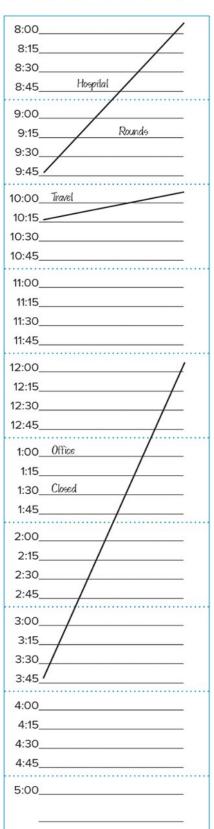
### **WP 23-:**

#### **APPOINTMENT CALENDAR PAGES**

#### Thursday, October 20

Friday, October 21





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### **WP 24-:**

#### **APPOINTMENT CALENDAR PAGES**

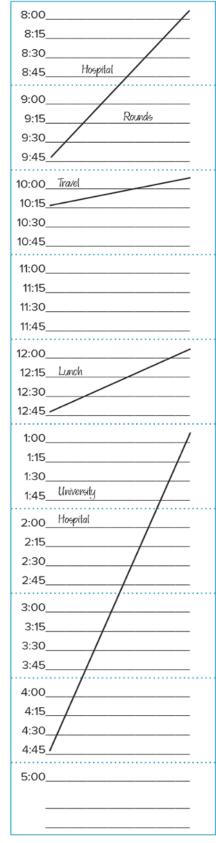
#### Monday, October 24

### 8:00 8:15 8:30 Hospital 8:45 9:00 Rounds 9:15 9:30\_ 9:45 10:00 Travel 10:15 -10:30 10:45 11:00\_ 11:15\_ 11:30 11:45 12:00 12:15\_\_Lunch 12:30\_ 12:45\_ 1:00\_ 1:15 1:30 University 1:45 2:00\_ Hospital 2:15 2:30 3:00 3:15 3:30\_ 3:45 4:00\_ 4:15 4:30

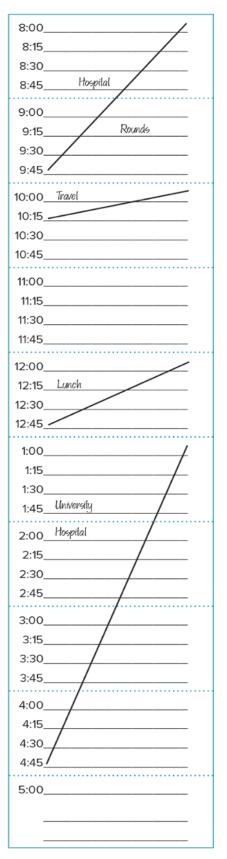
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#### Tuesday, October 25



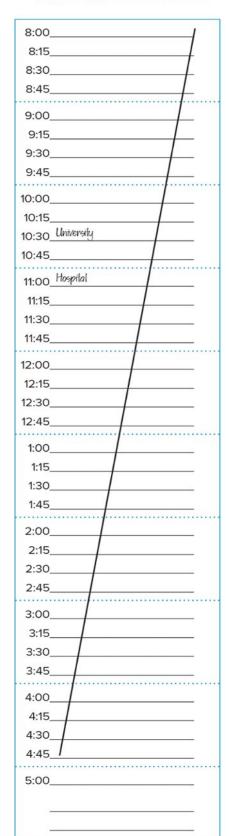
#### Wednesday, October 26



# **WP 25-:**

#### **APPOINTMENT CALENDAR PAGES**

#### Thursday, October 27 Friday, October 28



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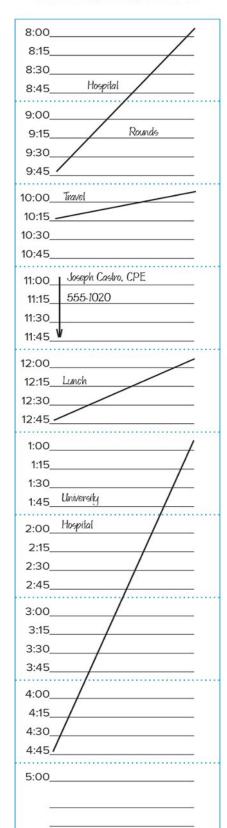
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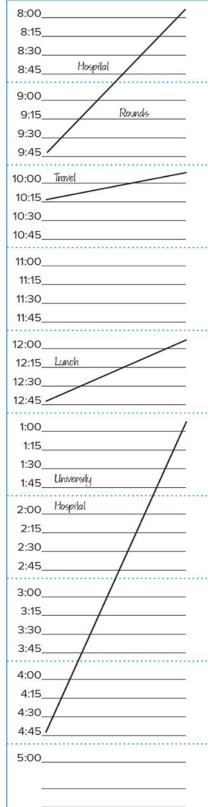
### **WP 26-:**

#### **APPOINTMENT CALENDAR PAGES**

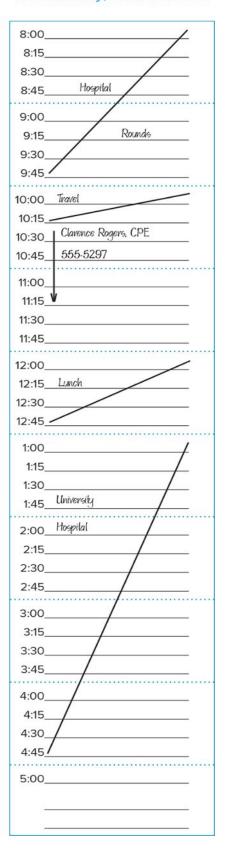
#### Monday, October 31



#### Tuesday, November 1



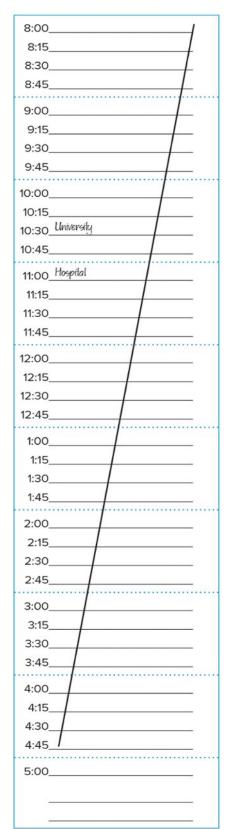
#### Wednesday, November 2

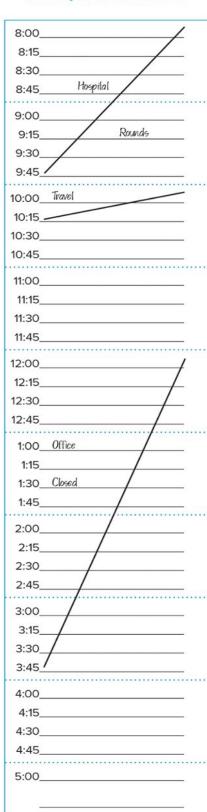


# **WP 27-:**

#### **APPOINTMENT CALENDAR PAGES**

#### Thursday, November 3 Friday, November 4





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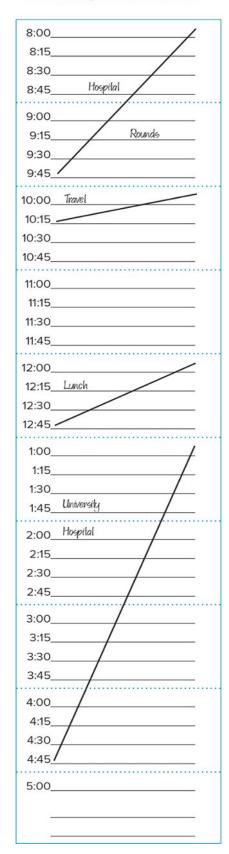
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# **WP 28-:**

#### **APPOINTMENT CALENDAR PAGES**

#### Monday, November 7 Tuesday, November 8 Wednesday, November 9



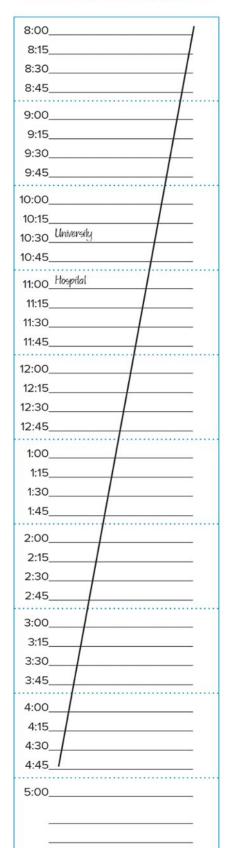
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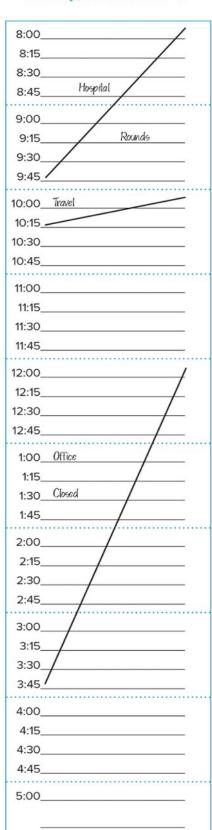
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### **WP 29-:**

#### **APPOINTMENT CALENDAR PAGES**

#### Thursday, November 10 Friday, November 11





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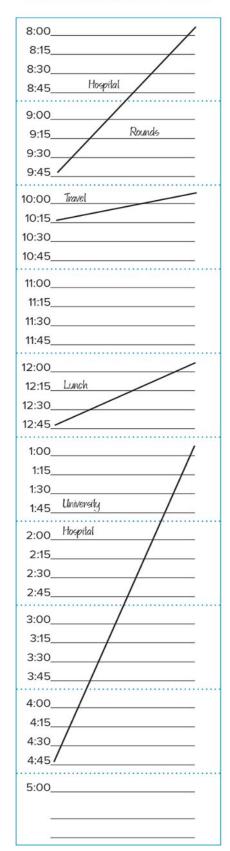
# **WP 30-:**

#### **APPOINTMENT CALENDAR PAGES**

### Monday, November 14

#### Tuesday, November 15

#### Wednesday, November 16



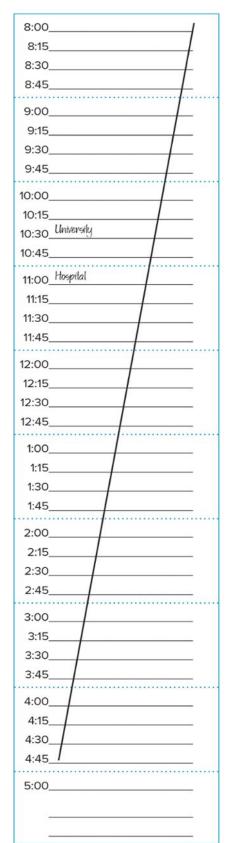
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# **WP 31-:**

#### **APPOINTMENT CALENDAR PAGES**

#### Thursday, November 17 Friday, November 18



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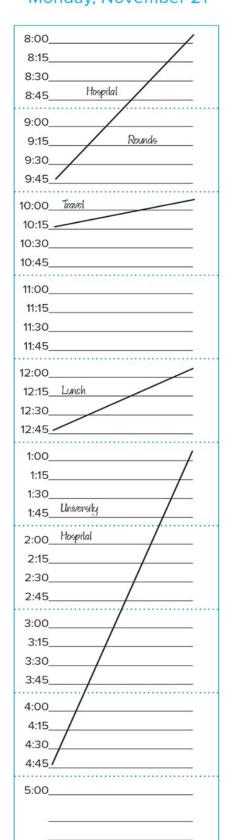
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# **WP 32-:**

#### **APPOINTMENT CALENDAR PAGES**

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# **WP 33-:**

### **APPOINTMENT CALENDAR PAGES**

### Thursday, November 24 Friday, November 25

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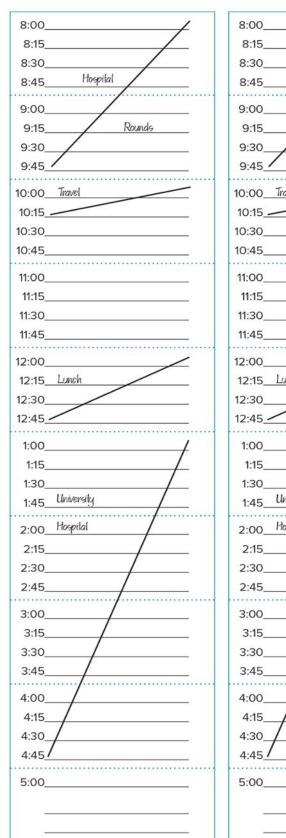
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# **WP 34-:**

#### **APPOINTMENT CALENDAR PAGES**

### Monday, November 28 Tuesday, November 29 Wednesday, November 30



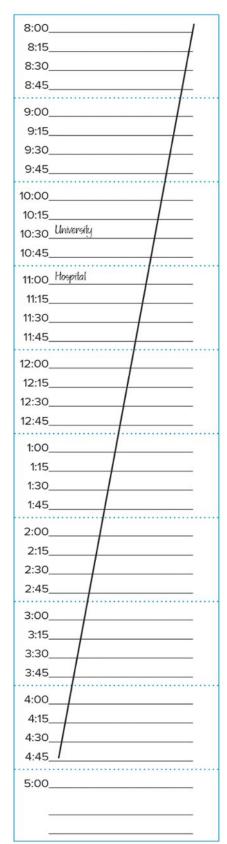
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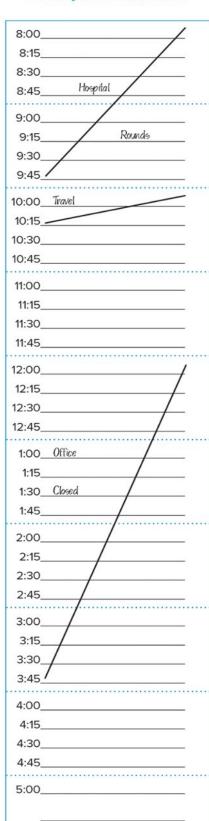
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## **WP 35-:**

### **APPOINTMENT CALENDAR PAGES**

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### **APPOINTMENT CARDS**

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312-555-6022	312-555-6022	312-555-6022
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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 **3.** Dr. Brent asks you to schedule Mary Maye for a bone marrow aspiration at University Hospital Lab because of her irondeficiency 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.

# **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.

<b>1.</b> It is e	asier to locate open time slots for appointments on an electronic schedule than on a
paper schedule	•
<b>2.</b> Only	one user at a time can access a file on a network.
<b>3.</b> A ma	inframe computer is necessary to operate any doctor's office.
<b>4.</b> A fire	wall prevents outside parties from having access to the office's particular files.
<b>5.</b> ROM	is temporary; everything in ROM disappears when the computer is shut down.
<b>6.</b> When	you are online, you are connected to a network.
<b>7.</b> An el	ectronic medical record must be backed up with a paper medical record.
<b>8.</b> E-ma	il systems do not allow you to print messages.
<b>9.</b> A trai	nsaction database contains data on a specific patient's visit, including such items as
services render	ed during that visit, necessary diagnosis and procedure codes, and so forth.
<b>10.</b> The c	ost of filing an electronic insurance claim is higher than that of filing a paper copy.
11. A sca	nner allows you to enter information into the computer's memory without keying it.
12. Design	ning the work environment to conform to the physical needs of a user is ergonomics.
<b>13.</b> A fire	wall turns data into unrecognizable information during transmission.
<b>14.</b> Wirel	ess communication transmits data through telephone wires.
<b>15.</b> The n	nost powerful computer available is the supercomputer.
<b>16.</b> Virus	checkers do not need to be updated.
17. A scr	een saver protects data from being seen by others.
<b>18.</b> Every	one in the medical office will be performing audit trails on computer usage.
19. Passv	vords are designed to limit access to computer files.
<b>20.</b> An of	fice 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.
<b>2.</b> 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.
<b>4.</b> Policies and procedures for updating personnel and evidence of the training should be
placed in the personnel manual.
<b>5.</b> Implementation of electronic health records is mandated by the federal government.
<b>6.</b> 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.
<b>8.</b> Converting paper-based records to electronic health records requires the scanning of paper
records into the electronic database.
<b>9.</b> 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.
<b>15.</b> Initial cost and contract fees are relatively inexpensive for healthcare providers.

### PATIENT INFORMATION FORM

### Welcome Please complete this form using only ink. This information will remain confidential. PATIENT INFORMATION First name: Initial: Date of birth: Home phone: Last name: Address: Marital status: Sex (check appropriate box) S M D D W D M F City: State: ZIP: Social Security Number: Patient's employer: Employment address: (If student, name of school.) Business phone: Bill to: Relationship: Address: State: ZIP: City: **NOTIFY IN CASE OF EMERGENCY** Relationship: Name: Address: Phone: ZIP: City: State: **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

### PATIENT INFORMATION FORM

### Welcome Please complete this form using only ink. This information will remain confidential. PATIENT INFORMATION Last name: First name: Initial: Date of birth: Home phone: Address: Marital status: Sex (check appropriate box) s 🗆 $\mathsf{M} \square$ $D \square$ W $\square$ M F State: ZIP: Social Security Number: City: Patient's employer: Employment address: (If student, name of school.) Business phone: Bill to: Relationship: Address: City: State: ZIP: **NOTIFY IN CASE OF EMERGENCY** Name: Relationship: Address: Phone: ZIP: City: State: **INSURANCE INFORMATION** Primary insurance company: Secondary insurance company: DOB: DOB: Subscriber's name: Subscriber's name: Policy #: Group #: Policy #: Group #: OTHER INFORMATION Name of referring physician: Reason for visit: Patient's signature/Parent or guardian's signature Today's date

# **WP 43-:**

### **RECORDS RELEASE**

	RECORDS RE	LEASE
то:		Healthcare provider
8 <del>-1</del>		Address
v		City, State, ZIP
I authorize the	e above-named healthcare provider to relean ng physician:	ase the specified information listed below
	Karen Larsen, MD	312-555-6022
	2235 South Ridgeway Avenue Chicago, IL 60623-2240	Fax: 312-555-0025
PATIENT: _		DOB:
_		Address
i		City, State, ZIP
Please includ	de	specific records
Signed		Date
	RECORDS RE	
TO:		LEASE
60	RECORDS RE	LEASE  Healthcare provider
68	RECORDS RE	LEASE  Healthcare provider  Address
	RECORDS RE	LEASE  Healthcare provider  Address  City, State, ZIP
I authorize th	RECORDS RE  The above-named healthcare provider to release a physician:  Karen Larsen, MD	LEASE  Healthcare provider  Address City, State, ZIP ease the specified information listed below  312-555-6022
I authorize th	RECORDS RE	LEASE  Healthcare provider  Address  City, State, ZIP  ease the specified information listed below
I authorize th to the followi	RECORDS RE  The above-named healthcare provider to releating physician:  Karen Larsen, MD  2235 South Ridgeway Avenue	LEASE  Healthcare provider  Address  City, State, ZIP  ease the specified information listed below  312-555-6022 Fax: 312-555-0025
I authorize th to the followi	re above-named healthcare provider to releing physician:  Karen Larsen, MD 2235 South Ridgeway Avenue Chicago, IL 60623-2240	LEASE  Healthcare provider  Address City, State, ZIP  asse the specified information listed below  312-555-6022 Fax: 312-555-0025  DOB:
I authorize th to the followi	RECORDS RE  The above-named healthcare provider to releating physician:  Karen Larsen, MD  2235 South Ridgeway Avenue  Chicago, IL 60623-2240	LEASE  Healthcare provider  Address City, State, ZIP  asse the specified information listed below  312-555-6022 Fax: 312-555-0025  DOB: Address
I authorize th to the followi	e above-named healthcare provider to releng physician:  Karen Larsen, MD 2235 South Ridgeway Avenue Chicago, IL 60623-2240	LEASE  Healthcare provider  Address City, State, ZIP ease the specified information listed below  312-555-6022 Fax: 312-555-0025  DOB: Address City, State, ZIP

# **WP 44-:**

### **TELEPHONE LOG**

TELEPHONE LOG					
	Date				
TIME	CALLER	TELEPHONE NUMBER	REASON	DONE	

# **WP 45-:**

### **TO-DO LIST**

	TO-DO LIST	
	Date	
RUSH	ITEMS TO DO	DONE

# **WP 46-:**

### **INSURANCE TERMINOLOGY**

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

Column 1	Column 2
1. Insurance through employment, with all employees	<b>a.</b> basic insurance plan
having one master policy	<b>b.</b> birthday rule
<b>2.</b> Person who is covered by an insurance policy	c. carrier
3. Insurance company that provides insurance benefits	<b>d.</b> COB
<b>4.</b> Provides reimbursement for income lost because of	e. disability insurance
insured's illness	<b>f.</b> group insurance
5. Rate charged for policy	g. hospital insurance
<b>6.</b> Healthcare professional who supplies the healthcare	<b>h.</b> insured
7. Ensures that payment for medical expenses will not	i. major medical insurance
exceed 100 percent of the medical expenses	<b>j.</b> medical insurance
<b>8.</b> Generally covers hospitalization, lab tests, surgery,	<b>k.</b> policyholder
and x-rays	l. premium
9. A term used to describe an insurance company in the	<b>m.</b> provider
context of the doctor's and patient's relationship	<b>n.</b> surgical insurance
10. Covers medically necessary services while insured is	<b>o.</b> third-party payer
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	

## **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.
<b>5.</b> Everyone eligible for Medicare Part A (hospitalization insurance) automatically receives
Medicare Part B (medical insurance).
<b>6.</b> 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.
<b>8.</b> Every time HMO and PPO members visit their physician, they pay a set charge called a
copayment.
<b>9.</b> 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
I2Ø .9	Angina
I49.9	Arrhythmia
M19.9Ø	Arthritis, NOS/DJD/Osteoarthritis
MØ6.9	Arthritis, rheumatoid
J45.9Ø9	Asthma
R82.71	Bacteruria
HØ1.ØØ9	Blepharitis
J2Ø.9	Bronchitis, acute, unspecified
J4Ø	Bronchitis, not specified as acute or chronic
LØ3.9Ø	Cellulitis/Abscess
I67.9	Cerebrovascular disease
RØ7.9	Chest pain
I5Ø.9	CHF
K81.Ø	Cholecystitis, acute
H1Ø.9	Conjunctivitis
RØ5	Cough
N3Ø.ØØ	Cystitis, Acute, without hematuria
L3Ø.9	Dermatitis
Z83.3	Diabetes family history
E1Ø.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
K3Ø	Dyspepsia
R3Ø.Ø	Dysuria

R6Ø.9	Edema
ZØ2.1	Employment exam
RØ4.Ø	Epistaxis
R53.83	Fatigue
T15.82XA	FB, left eye, external, multiple parts
T15.81XA	FB, right eye, external, multiple parts
T15.8ØxA	FB, unspecified, external, multiple parts
R5Ø.9	Fever
K29.7Ø	Gastritis, unspecified, without bleeding
K52.9	Gastroenteritis and colitis, noninfective, unspecified
AØ8.4	Gastroenteritis, viral
K21.9	Gastroesophageal reflux
R51	Headache
G43.9Ø9	Headache, migraine
Z82.49	Heart disease, family history
E78.Ø	Hypercholesterolemia
E78.5	Hyperlipidemia
I1Ø	Hypertension, essential
J11.1	Influenza
G47.ØØ	Insomnia
K58.9	Irritable bowel syndrome
M25.5Ø	Joint pain
I88.9	Lymphadenitis, no specific
R59.1	Lymphadenopathy
N95.1	Menopausal disorder, symptomatic
N93.9	Menstrual disorder
R11.Ø	Nausea
E66.9	Obesity
M81.Ø	Osteoporosis, age-related
H6Ø.399	Otitis externa, other, infective, unspecified ear
H66.9Ø	Otitis media
R1Ø.9	Pain, abdominal
M54.5	Pain, back, low

M79.1	Pain, muscular
RØØ.2	Palpitations
R1Ø.2	Pelvic pain, female
JØ2.9	Pharyngitis/Sore throat
J18.9	Pneumonia
R63.1	Polydipsia
R35.8	Polyuria
Z32.Ø1	Pregnancy test, positive results
ZØ1.818	Pre-op
ZØØ.ØØ	Preventive, adult
ZØ1.419	Preventive including GYN exam, w/o abnormal findings
ZØØ.129	Preventive, pediatric, w/o abnormal findings
ZØ2.Ø	Preventive, school admission
N4Ø.Ø	Prostatic hypertrophy, benign,w/o lower urinary track symptoms
N41.9	Prostatitis
R8Ø.9	Proteinuria
R97.2	PSA, elevated
R21	Rash/Skin eruption
RØ6.Ø2	Shortness of breath
JØ1.9Ø	Sinusitis, acute
RØØ.Ø	Tachycardia
R89.9	Throat culture, positive
Н93.19	Tinnitus
JØ3.9Ø	Tonsillitis, acute
K51.2Ø	Ulcerative colitis/Proctitis
JØ6.9	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

42d Street  IL 60632-1426 7, ZIP  4279 Die person DSS/Blue Shield	312-555-6264 Work phone self Relationship 407-55-1275 Contract numbers  OFFICE  ew Patient  Prevent  99381 und 99382 99383	Chicago, IL 6 312-555-602 Fax: 312-555  E VISITS  tive Medicine der 1 year 1–4 5–11	8/20 n, MD leway Avenue 60623-2240 22 5-0025  Establishe	99392 99393 99394	
Patient 42d Street  IL 60632-1426 7, ZIP 4279 Patient All 60632-1426 Patient All 60	312-555-6264 Work phone self Relationship 407-55-1275 Contract numbers  OFFICE  ew Patient  Prevent  99381 und 99382 99383	Patient	Provos:  8/20  n, MD  eway Avenue  60623-2240  22  5-0025  Establishe	Chart #PROVOJA Diagnoses:  1ZØØ.ØØ  2 3 4  ed Patient  99391 99392 99393 99394	9921 9921
42d Street  IL 60632-1426 7, ZIP  4279  Die person  DSS/Blue Shield  No  —————————————————————————————————	312-555-6264 Work phone self Relationship d 407-55-1275 Contract numbers  OFFICE ew Patient  99381 99382 99383	Date: 03/08  Karen Larsei 2235 S. Ridg Chicago, IL 6 312-555-602  Fax: 312-555  tive Medicine der 1 year 1–4 5–11	8/20 n, MD leway Avenue 60623-2240 22 5-0025  Establishe	Chart #PROVOJA  Diagnoses:  1ZØØ.ØØ  2  3  4  ed Patient  99391 99392 99393 99394	9921 9921
IL 60632-1426  7, ZIP  -4279  -4279	312-555-6264 Work phone self Relationship 407-55-1275 Contract numbers  OFFICE  ew Patient  Prevent  99381 und 99382 99383	Karen Larser 2235 S. Ridg Chicago, IL 6 312-555-602 Fax: 312-555 E VISITS tive Medicine der 1 year 1–4 5–11	n, MD leway Avenue 50623-2240 22 5-0025  Establishe	Diagnoses:  1ZØØ.ØØ  2  3  4  ed Patient  99391 99392 99393 99394	9921 9921
. 4279 .4279 .01e person .0ss/Blue Shield	312-555-6264 Work phone self Relationship 407-55-1275 Contract numbers  OFFICE  ew Patient  Prevent  99381 und 99382 99383	2235 S. Ridg Chicago, IL 6 312-555-602 Fax: 312-555 E VISITS tive Medicine der 1 year 1–4 5–11	Establishe	1. ZØØ.ØØ  2	9921 9921
. 4279 .4279 .01e person .0ss/Blue Shield	312-555-6264 Work phone self Relationship 407-55-1275 Contract numbers  OFFICE  ew Patient  Prevent  99381 und 99382 99383	2235 S. Ridg Chicago, IL 6 312-555-602 Fax: 312-555 E VISITS tive Medicine der 1 year 1–4 5–11	Establishe	1. ZØØ.ØØ  2	9921 9921
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Ne	Work phone	Fax: 312-558  CE VISITS  tive Medicine der 1 year 1–4 5–11	S Establishe	3	9921 9921
No	Relationship 407-55-1275 Contract numbers  OFFICE  ew Patient  Prevent  99381 und 99382 99383	Fax: 312-558  CE VISITS  tive Medicine der 1 year 1–4 5–11	S Establishe	3	9921 9921
No	Relationship 407-55-1275 Contract numbers  OFFICE  ew Patient  Prevent  99381 und 99382 99383	tive Medicine der 1 year 1–4 5–11	S Establish	99391 99392 99393 99394	9921 9921
9920199202	### Contract numbers  OFFICE  ### Patient  Prevent  99381	tive Medicine der 1 year 1–4 5–11	Establisho	99391 99392 99393 99394	9921 9921
9920199202	### Contract numbers  OFFICE  ### Patient  Prevent  99381	tive Medicine der 1 year 1–4 5–11	Establisho	99391 99392 99393 99394	9921 9921
99201 99202 _	Prevent  99381 und 99382 99383	tive Medicine der 1 year 1–4 5–11	Establisho	.99391 .99392 .99393 .99394	9921
99201 99202 _	Prevent  99381 und 99382 99383	tive Medicine der 1 year 1–4 5–11	Establisho	.99391 .99392 .99393 .99394	9921
99202 _	99381 und 99382 99383	der 1 year 1–4 5–11		99392 99393 99394	9921
99202 _	99382 99383	1–4 5–11		99392 99393 99394	9921
99202 _	99383	5–11		99393	9921
				99394	
99203   _	99384	12 17			9921
99204 _	99385 18–39 <u>136 99395</u>			9921	
	99386	10–64		100000000000000000000000000000000000000	9921
_		65+			
l Visits	Lab:	863	308 Monospot	Injections:	
	80048 Basic	te		90471 a	admin 1 vac
99221	metabolic panel		•	90472	each add
99222	87110 Chlamydia	856	610 Prothrombin	vac	
99223	culture	tim		90716	
uent:	85651 ESR;		52 PSA	90702 DT	
99231	nonautomated		130 Rheumatoid	7.1 I I I I I I I I I I I I I I I I I I I	
99232	83001 FSH		ctor	90657 Influen 0.25mL	
99233 82947 Glucose, 82270 Stool			III. 3 Influenza		
				0.5mL	
99239		84478 Triglycerides 90710 MMR			
Nursing Facility differential		84443 TSH subcu		utaneous	
Initial: 80076 Hepatic		81001 UA with		90707 MMR	
99304 function panel		microscopy .		90649 4vHPV	
99305	85018 HGB	100		90713 Polio va	
	86701 HIV-1		-	1	vated (IPV
99306					
99306	oooo i Lipia panei			1 (1900) (1900)	OUU ECG
99306	86617 Lvme			Other	
99306	86617 Lyme antibody				
99 99 99	9238 9239 Facility 9304 9305	25   85025 Hemogram   (CBC) with   differential     80076 Hepatic   function panel     85018 HGB     86701 HIV-1     83002 LH     80061 Lipid panel     86617 Lyme	25   85025 Hemogram   874	25   85025 Hemogram   87430 Strep screen	25   85025 Hemogram   87430 Strep screen   0.5ml   90710   10   10   10   10   10   10   10

# **WP 50-:**

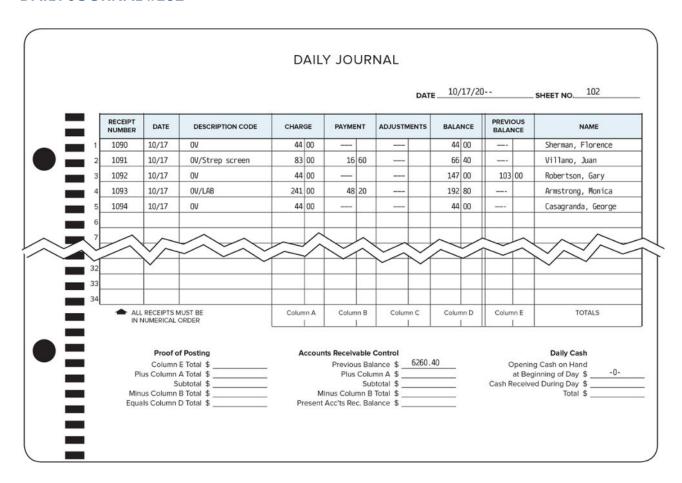
### **FEE SCHEDULE**

Fee Schedule—Karen Larsen, MD					
	New Patient	Establishe	d Patient		
5499201 7399202 10099203 14799204 19099205 Hospital Visits Initial:		-4	99391 99392		
121 99221 172 99222 217 99223 Subsequent: 65 99231 90 99232 132 99233 Discharge: 100 99238 150 99239 Nursing Facility Initial: 53 99304 77 99305 109 99306 Other	metabolic panel  74 87110 Chlamydia culture  21 85651 ESR; nonautomated  97 83001 FSH  21 82947 Glucose, blood  25 85025 Hemogram (CBC) with differential  55 80076 Hepatic function panel  13 85018 HGB  77 86701 HIV-1  97 83002 LH  72 80061 Lipid panel  86 86617 Lyme antibody  33 86308 Monospot test	time 91 84152 PSA 30 86430 Rheumatoid factor 15 82270 Stool hemoccult x 3 39 87430 Strep screen 21 84478 Triglycerides 69 84443 TSH 24 81001 UA with microscopy 35 87088 UC 20 84550 Uric acid, blood 23 81025 Urine pregnancy test	vac 890472 each add'l vac 13390716 Chickenpox3190702 DT7890700 DTaP3090657 Influenza		

2017 Edition

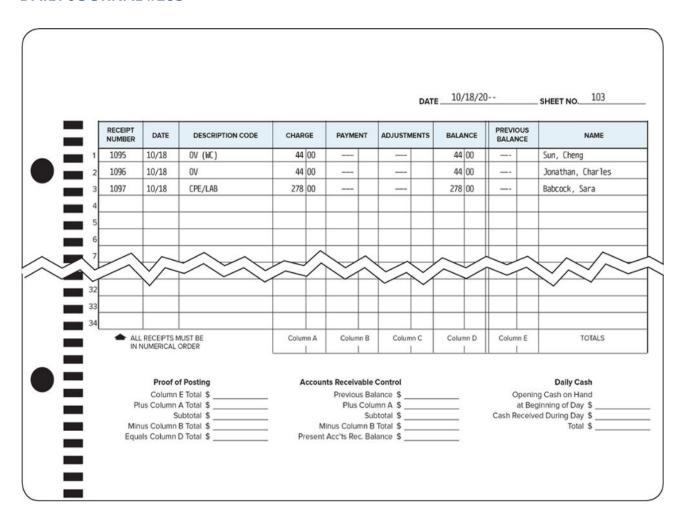
## **WP 51-:**

### **DAILY JOURNAL #102**



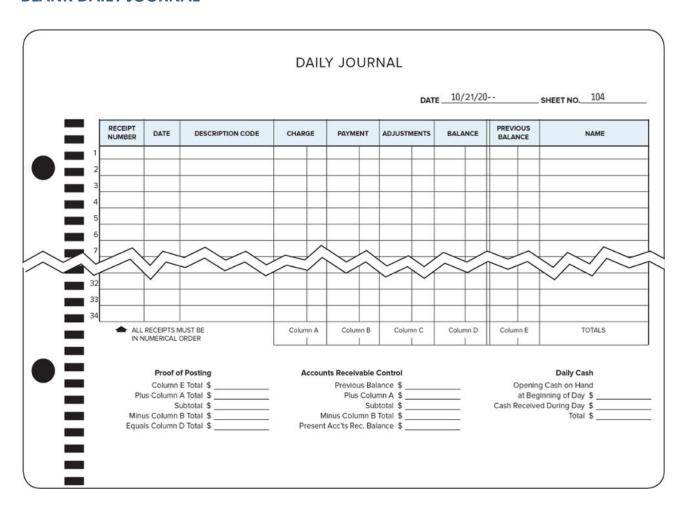
## **WP 52-:**

### **DAILY JOURNAL #103**



## **WP 53-:**

### **BLANK DAILY JOURNAL**



### **DEPOSIT SLIPS**

### DEPOSITED IN 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

1:07015550 1:224202772011

	DOLLARS	CENTS
Cash		
Checks List Separately		
,		
0		
Total from Other Side		
Subtotal		
Less Cash Received	,	
TOTAL		

### 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

1:07015550 1:224202772011°

	DOLLARS	CENTS
Cash		
Checks List Separately		
Total from Other Side		
Subtotal		
Less Cash Received		
TOTAL		

### **FIRST NATIONAL BANK**

CHICAGO, IL 60623-2791

THIS DEPOSIT ACCEPTED UNDER AND SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE

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

1:07015550 1:224202772011

	DOLLARS	CENTS
Cash		
Checks List Separately		
Total from Other Side		
Subtotal		
Less Cash Received		
TOTAL		

### DEPOSITED IN

### **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

1:07015550 1:224202772011°

	DOLLARS	CENTS
Cash		
Checks List Separately		
Total from Other Side		
Subtotal		
Less Cash Received		
TOTAL		

# **WP 55-:**

### **TELEPHONE LOG**

	TELEPHONE LOG  Date				
	1	1	<b>Date</b>		
TIME	CALLER	TELEPHONE NUMBER	REASON	DONE	

# **WP 56-:**

### **TO-DO LIST**

	TO-DO LIST  Date	
	Date	
RUSH	ITEMS TO DO	DONE

## **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 (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. <u>1214</u>	No. <u>1214</u>	20
То	Received from	
Date	1	Dollare
For	For	
Amount		
	\$	
,		
No	No	20
то	Received from	
Date	3 <del></del>	Dollare
For	For	
Amount		
	\$	
No	No	20
То	Received from	
Date		Dollare
For	For	
Amount		
	\$	
1		
No	No	20
То	Received from	
Date	·	Dollare
For	For	
Amount		
!	2	

# **WP 59-:**

### LAURA LUND'S PATIENT ENCOUNTER FORM

N	D 1		Barania II	Character	С	redit	Current
No.	Date		Description	Charge	Payment	Adjustme	nt Balance
		$\top$					
	Patien	t Inf	ormation	Patient	Laura	Lund	
13419	S. Buffalo Aven	ue		Patient			
Address	s			Date: 10/19	/20	Chart #LUN	DLAU0
Chicag	jo, IL 60633-201	0		Karen Larse	n, MD	Diagnoses:	
City, Sta	ate, ZIP		father		eway Avenue	1 S13.8X	YΔ
	55-4100		312-555-8840	Chicago, IL	60623-2240	1	
Home p	ohone		Work phone	312-555-602	22	2	
	nce Lund		father			2	
Respon	sible person		Relationship	Fax: 312-55!	5-0025	3	
	ee Benefit Plan		200-66-3980-01			4	
Insuran	ice		Contract numbers				
			OFFIC	E VISIT	S		
	N	ew F	Patient		Establish	ed Patient	
			Prevent	ive Medicine			
	-		99381 und	er 1 year		. 99391	
	99201 _		99382	1–4		. 99392   _	99211
	99202 _		99383	5–11		. 99393   _	99212
	99203   _		99384	12–17		. 99394	99213
	99204 _		99385 1	8–39		. 99395	99214
	99205   _		99386 4	10–64		. 99396	99215
			99387 6	55+		. 99397	
	ital Visits		Lab:	1	308 Monospot	Injection	
Initial:			80048 Basic	te			471 admin 1 vac
	_ 99221 _ 99222		metabolic panel 87110 Chlamydia	88150 Pap 85610 Prothrombin		90472 each add	
	_ 99222		culture	time		90716 Chickenpo	
	equent:		85651 ESR;	841		90702 DT	
	_ 99231		nonautomated		30 Rheumatoid		
	99232		83001 FSH	factor		90657 Influenza	
	99233		82947 Glucose,	82270 Stool		0.25mL	
Disch	arge:		blood	hemoccult x 3		90658 Influenza	
	99238		85025 Hemogram	· ·		1	
	99239		(CBC) with	84478 Triglycerides		90710 MMRV,	
	ng Facility		differential	84443 TSH		subcutaneous	
Initial:		80076 Hepatic	81001 UA with		90707 MMR		
		function panel		croscopy		649 4vHPV	
99305 85018 HGB		87088 UC		90713 Polio vac			
99306 86701 HIV-1		· ·		90	activated (IPV)		
Other	r		83002 LH 80061 Lipid panel	1		1	_ 93000 ECG
		—	86617 Lyme		egnancy test		
		_	antibody			Other	
			ı				

# **WP 60-:**

### ANA MENDEZ'S PATIENT ENCOUNTER FORM

No.	Date		December 1	Charge	С	redit		Current
NO.	Date		Description	Charge	Payment	Adjust	ment	Balance
							9	
3457 1	Pation No. 63d Place	ent In	formation	Patient	Ana Me	ndez		
Addres				Date: 10/19	)/20	Chart #	MENDEAN	10
Chicag	go, IL 60629-4	1270		Karen Larse	n, MD	Diagnos	ses:	
City, St	ate, ZIP				eway Avenue	1. JØ3	90	
	55-3606			Chicago, IL	50623-2240	1	. 30	
Home p	phone		Work phone	312-555-602	22	2. <u>I88</u>	.9	
self	nsible person		Relationship	Fax: 312-55!	- 003E	3		
	50.5 (16.6 m; 9.6 m; <del>1</del> .6 m; 1.7 m; 1.4 m;		SHARAN ASSAULT ASSAULT •	Fax: 312-35:	5-0025	0		
Insuran	cross & Blue Sh	ield	295-99-3325, 354 Grp Contract numbers			4		
mouran	100			E MOIT	•			
		Mana		EVISIT	ONE DE L'ESTES CE	- d D-ti		
	2	New	Patient		Establish	ed Patier	ıτ	
			99381 und	ler 1 year				
	99201		99382	1–4	-		-	9921
	99202 99383			5–11 12. 47				(9921 9921
				12–17 18–39			-	9921 9921
	99205			10–64		99396	-	9921 9921
	33203			65+		99397		5521
0.000	ital Visits		Lab:		308 Monospot	Inject		
Initial:	: _ 99221		80048 Basic metabolic panel	te. 881				dmin 1 vac each add
	99222		87110 Chlamydia		610 Prothrombin		vac	cacii aaa
	99223		culture	tin	25500	90716 Chickenpo		
Subse	equent:		85651 ESR;	84152 PSA		90702 DT		
	_ 99231 _ 99232		nonautomated 83001 FSH	86430 Rheumatoid		90700 DTaP		
	_ 99232		82947 Glucose.	82270 Stool		0.25mL		
Disch			blood	hemoccult x 3		90658 Influenza		
	99238		85025 Hemogram					
	_ 99239		(CBC) with	84478 Triglycerides		90710	MMRV,	
	ng Facility		differential	84443 TSH		subcutaneous		
Initial: 80076 Hepatic			81001 UA with		S	90707 MMR		
99304 function panel		microscopy			90649 4vHPV			
99305 85018 HGB 99306 86701 HIV-1		140	87088 UC 84550 Uric acid,			Polio vac /ated (IP\		
Language Co.			83002 LH		ood		. 90714 T	•
Other	r		80061 Lipid panel		25 Urine	200000000000000000000000000000000000000		000 ECG
			86617 Lyme antibody		egnancy test	Other	(1 119-1528)	
						1		
			1			-		

2017 Edition

# **WP 61-:**

### **DONALD MITCHELL'S PATIENT ENCOUNTER FORM**

No.	Date		Description Char	Charge			redit		
NO.	Date	3	Description		Charge	Payment	Adjust	ment	Balanc
	Patien	Infor	mation		Patient Donald Mitchell				
5231 M Address	V. School Street s			— h	Date: 10/19	/20	Chart #	MITCHDO	00
	go, IL 60651-224	8			Karen Larsei		Diagno	ses:	
	ate, <b>ZIP</b> 55-8153		father 312-555-61		_	eway Avenue 60623-2240	1. <u>ZØØ</u>	ð.129	
Home p			Work phone		312-555-602	22	2		
	litchell sible person		father Relationship		Fax: 312-555	5-0025	3		
	rk Mutual		304253, 5245	_			4		
Insuran	ice		Contract nur		VISIT	•			
	N	ew Pat		FFICE	VISIT	Establish	ed Patie	nt	
				Preventiv	e Medicine		14 C C C C C C C C C C C C C C C C C C C		
	-			unde	r 1 year 4				0024
			99382 99383		-4 -11	99392  9			9921
				570	17 17			l	9921 9921
						-			
			99385		<b>–39</b>	-			9921
i <del>s.</del>	99205 _		99386 99387		90–64			_ 99396   9921 _ 99397	
Hospi	ital Visits		Lab:		863	808 Monospot	Injec	tions:	
Initial:			80048 Ba	sic	tes	st		90471 a	dmin 1 vac
	99221		metabolic panel		881	_ 88150 Pap		90472 each add	
	99222				856	10 Prothrombin			
	_ 99223		87110 Chla	amydia		time 90716 Chic 4152 PSA 90702 DT			
	equent:		culture	_		90702 DT			
	99231		85651 ESI			86430 Rheumatoid		90700 DTaP	
	_ 99232 _ 99233		nonautor 83001 FSI			factor 82270 Stool		0.25mL	
Disch			82947 Glu		hemoccult x 3		0.25mL 90658 Influenza		
	_ 99238		blood	icose,	87430 Strep screen				
	99239		85025 Hemogram						
Nursi	ng Facility		(CBC) wit		84443 TSH		subcutaneous		
Initial: (CBC) with			81001)UA with		90707 MMR				
99304 80076 Hepatic			microscopy		90649 4vHPV				
	99305 function panel			7	1	88 UC		90713	Polio vac
	99306		85018 HG		1	550 Uric acid,			vated (IPV
Other			86701 HIV			ood 25 Urine		90714 <sup>-</sup> 93	ld 000 ECG
		_	80061 Lipi			egnancy test	200000000000000000000000000000000000000		JUU LUG
			86617 Lyn			egilancy test	Other	•	

# **WP 62-:**

### THERESA DAYTON'S PATIENT ENCOUNTER FORM

No.	Data		Doscription	Chargo	С	redit	Curren	
No.	Date		Description	Charge	Payment	Adjustmer	nt Balance	
	Patien	t Inf	formation	Dations	Theres	a Dayton		
105 W.	. Chestnut Stree	t		Patient	11101 03	a bay con		
Addres				Date: 10/19	/20	Chart #DAY	ТОТНО	
Chicag	go, IL 60610-281	6		Karen Larse	n, MD	Diagnoses:	9	
City, Sta	ate, ZIP		71	_	eway Avenue	NEW WO		
312-55	55-2231		312-555-2583	Chicago, IL (	60623-2240	1. <u>N6Ø.Ø9</u>		
Home p	ohone		Work phone	312-555-602	22	2. Z3Ø.9		
self	******					2		
Respon	sible person		Relationship	Fax: 312-55!	5-0025	3		
		797	-90-1128, S357C Grp.			4		
Insuran	ice		Contract numbers					
			OFFIC	CE VISIT	S			
	N	ew l	Patient		Establish	ed Patient		
			Preven	tive Medicine				
	n-		99381 un	der 1 year		99391		
-	99201		99382	1–4	-	99392	9921	
	99202 _		99383	5–11	199393			
	99203 _		99384	12-17	-	99394	9921	
	99204 _		99385	18-39		99395	9921	
	99205 _		99386	40–64		99396 _	9921	
	c-		99387	65+		99397		
Hospi	ital Visits		Lab:	863	308 Monospot	Injection	s:	
Initial:			80048 Basic	te		100	471 admin 1 vac	
	99221		metabolic pane	I			472 each add	
	99222		87110 Chlamydia		85610 Prothrombin time			
	99223		culture	200.000		90716 Chickenpox		
	equent:		85651 ESR;	841				
	_ 99231 _ 99232		nonautomated 83001 FSH	86430 Rheumatoid factor		90657 Influenza		
	_ 99232		82947 Glucose,	82270 Stool		0.25mL		
Disch			blood	hemoccult x 3		90658 Influenza		
	_ 99238		85025 Hemogran					
	99239		(CBC) with	84478 Triglycerides				
Nursi	ng Facility		differential	84443 TSH		subcutaneous		
Initial: 80076 Hepatic		81001 UA with		90707 MMR				
99304 function panel		microscopy		90649 4vHPV				
	99305		85018 HGB	87088 UC		90713 Polio vac		
	99306		86701 HIV-1	845	550 Uric acid,		activated (IPV	
Other	•		83002 LH		ood		714 Td	
			80061 Lipid pane	FILE SEC. SOCIETY		ECG:	_ 93000 ECG	
<u> </u>			antibody	pr	egnancy test	Other		
						-		

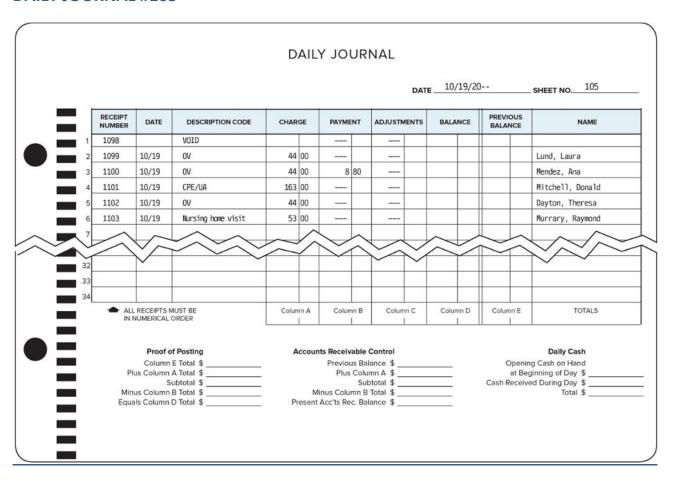
# **WP 63-:**

### **RAYMOND MURRARY'S PATIENT ENCOUNTER FORM**

No. Date			Description		Charge		redit	Curren	
140.	Date		Description		Charge	Payment	Adjustmer	nt Balance	
			formation	ı	Patient Raymond Murrary				
3908 N Address	I. Central Aven s	ue		—   T	Date: 10/19	/20	Chart #MURF	RARAO	
	go, IL 60634-32	76			Karen Larsei	•	Diagnoses:		
312-55	ate, <b>ZIP</b> 55-6343					eway Avenue 60623-2240	1. <u>J44.1</u>		
Home p			Work phone	;	312-555-602	22	2J4Ø		
self						22 C. A.			
Respon	sible person		Relationship	·   1	Fax: 312-555	5-0025	3		
Medica	re		555-88-382	2B			4		
Insuran	ce		Contract nu	mbers			100.5		
			OI	FFICE	VISIT	5			
	ı	lew	Patient			Establish	ed Patient		
			ı	Preventive	e Medicine				
			99381	under	1 year		99391		
	99201		99382	1-	-4		99392	9921	
	99202	99383			<b>–11</b>	2	99393	9921	
£2	99203				<b>–17</b>	<u> </u>		9921	
	99204				-39			9921	
	99205		99386		-64			9921	
-	99203		99387	65			99397	9921	
Hosni	ital Visits		Lab:		863	308 Monospot	Injections	e•	
Initial:			80048 Ba	sic	tes		Section 2015	471 admin 1 vac	
	99221		metaboli	c panel	881	50 Pap	904	472 each add	
	99222		87110 Chlamydia		856	10 Prothrombin	vac		
	99223		culture		tim	ie	90716 Chickenpo		
	equent:		85651 ESI		84152 PSA		90702 DT		
	99231		nonauto						
	99232		83001 FSI		factor		90657 Influenza 0.25mL		
Discha	99233		82947 Glu	icose,	82270 Stool hemoccult x 3		0.25mL 90658 Influenza		
	_ 99238		blood 85025 Hemogram						
	99239		(CBC) wi	•	84478 Trialycerides				
	ng Facility		different		84443 TSH		subcutaneous		
Initial:			80076 He		81001 UA with		90707 MMR		
	99304 function panel			1	croscopy	90649 4vHPV			
	99305 85018 HGB			87088 UC		90713 Polio vac			
	99306		86701 HIV			50 Uric acid,		activated (IPV	
Other	•		83002 LH			ood		714 Td	
			80061 Lipi 86617 Lyn		100	25 Urine egnancy test	ECG:	93000 ECG	
		_	antibody			egnancy test	Other		
			'				3		

## **WP 64-:**

### **DAILY JOURNAL #105**



# **WP 65-:**

### **TELEPHONE LOG**

	TELEPHONE LOG  Date							
TIME	CALLER	TELEPHONE NUMBER	REASON	DONE				
0								
3								

# **WP 66-:**

### **TO-DO LIST**

	TO-DO LIST  Date						
RUSH	ITEMS TO DO	DONE					

# **WP 67-:**

### MARC PHAN'S PATIENT ENCOUNTER FORM

				С	redit	Current	
No.	Date	Description	Charge	Payment	Adjustmen	t Balance	
0240 5		Information	Patient Marc Phan				
9340 S Address	5. Green Street		Date: 10/24	1/20	Chart #PHAN	MARO	
Chicag	o, IL 60620-8129		Karen Larse	n. MD	Diagnoses:		
City, Sta		father	I	eway Avenue			
312-55	55-3344	312-555-2577	Chicago, IL	60623-2240	1. <u>J4Ø</u>		
Home p	phone	Work phone	312-555-602	22	2. L22		
Tam Ph	(Booker)	father			2		
Respon	sible person	Relationship	Fax: 312-55!	5-0025	3		
		888-90-8229 A287-05			4		
Insuran	ce	Contract numbers			*		
		OFFIC	E VISIT	S			
	Ne	w Patient		Establish	ed Patient		
	1	Preven	tive Medicine				
		99381 und	der 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	-	99395	99214	
	99205	99386	40–64		993969921		
		99387	65+	-	99397		
Hospi	tal Visits	Lab:	863	308 Monospot	Injections		
Initial:		80048 Basic	te			71 admin 1 vac	
	99221 99222	metabolic panel 87110 Chlamydia		50 Pap 610 Prothrombin		72 each add'l	
	99223	culture	tin			16 Chickenpox	
	equent:	85651 ESR;	84152 PSA		90702 DT		
	99231	nonautomated	86430 Rheumatoid		90700 DTaP		
	99232	83001 FSH	fac	factor 90657		57 Influenza	
	99233	82947 Glucose,			5mL		
Discha	•	blood		moccult x 3	100	58 Influenza	
	99238	85025 Hemogram		30 Strep screen		imL	
Ni	99239	(CBC) with	84478 Triglycerides			90710 MMRV,	
Nursing Facility differential		84443 TSH		subcutaneous			
Initial: 80076 Hepatic 99304 function panel		81001 UA with microscopy		90707 MMR 90649 4vHPV			
	99304 Idinction panel		87088 UC			13 Polio vac	
	99306	86701 HIV-1	100	550 Uric acid,	100	ctivated (IPV)	
Other		83002 LH	ble	ood	907		
Other		80061 Lipid panel	810	25 Urine	ECG:	93000 ECG	
		— 86617 Lyme — antibody	pr	egnancy test	Other		
					-		

# **WP 68-:**

### **SARAH MORTON'S PATIENT ENCOUNTER FORM**

xth Place IL 60621-23 ZIP 324 e rton person Insurance	mother 312-555-8876 Work phone mother Relationship 300-29-1874 255-03 Contract numbers  OFFI  New Patient	1	n, MD geway Avenue 60623-2240 22 5-0025	Chart #MORT Diagnoses:  1M41.20 2M21.769 34 ed Patient	OSAO
xth Place IL 60621-23 ZIP 324 e rton e person Insurance	mother 312-555-8876 Work phone mother Relationship 300-29-1874 255-03 Contract numbers  OFFICE New Patient	Date: 10/24  Karen Larse 2235 S. Ridg Chicago, IL 0 312-555-602  Fax: 312-555	1/20 n, MD geway Avenue 60623-2240 22 5-0025	Chart #MORT Diagnoses:  1M41.20 2M21.769 34 ed Patient	)
xth Place IL 60621-23 ZIP 324 e rton e person Insurance	mother 312-555-8876 Work phone mother Relationship 300-29-1874 255-03 Contract numbers  OFFICE New Patient	Date: 10/24  Karen Larse 2235 S. Ridg Chicago, IL 0 312-555-602  Fax: 312-555	1/20 n, MD geway Avenue 60623-2240 22 5-0025	Chart #MORT Diagnoses:  1M41.20 2M21.769 34 ed Patient	)
IL 60621-23 ZIP  324 e rton person Insurance	mother 312-555-8876 Work phone mother Relationship 300-29-1874 255-03 Contract numbers  OFFI  New Patient	Karen Larse 2235 S. Ridg Chicago, IL 0 312-555-602 Fax: 312-559	n, MD geway Avenue 60623-2240 22 5-0025	Diagnoses:  1M41.20 2M21.769 34	)
zip 324 e rton e person Insurance	mother 312-555-8876 Work phone mother Relationship 300-29-1874 255-03 Contract numbers  OFFI  New Patient	Karen Larse 2235 S. Ridg Chicago, IL 0 312-555-602 Fax: 312-559	n, MD geway Avenue 60623-2240 22 5-0025	Diagnoses:  1M41.20 2M21.769 34	)
zip 324 e rton e person Insurance	mother 312-555-8876 Work phone mother Relationship 300-29-1874 255-03 Contract numbers  OFFI  New Patient	2235 S. Ridg Chicago, IL 0 312-555-602 Fax: 312-559	geway Avenue 60623-2240 22 5-0025	1. M41.20 2. M21.769 3. 4. ed Patient	
asympton a person Insurance	312-555-8876 Work phone mother Relationship 300-29-1874 255-03 Contract numbers  OFFI  New Patient	Chicago, IL 0 312-555-602 Fax: 312-559	60623-2240 22 5-0025	2. M21.769 3. 4. ed Patient	
rton person Insurance	Work phone mother Relationship 300-29-1874 255-03 Contract numbers  OFFICE New Patient  Preven	Fax: 312-55!	5-0025 S	34ed Patient	
rton person Insurance	mother Relationship 300-29-1874 255-03 Contract numbers  OFFICE New Patient  Preven	Fax: 312-55!	5-0025 S	34ed Patient	
person Insurance	Relationship 300-29-1874 255-03 Contract numbers  OFFICE  New Patient  Preven	CE VISIT	S	4ed Patient	
1	OFFICE New Patient  Preven	ntive Medicine		ed Patient	
1	OFFICE New Patient  Preven	ntive Medicine		ed Patient	
	New Patient Prever	ntive Medicine			
	New Patient Prever	ntive Medicine			
_99201					
_99201	99381 un	der 1 year			
_99201				99391	
	99382	1-4	-	99392	992
_99202	99383	5-11		99393	992
_99203	99384	12-17		99394	992
_99204	99385	18-39		99395	9921
_99205	99386	40-64		99396	9921
8	99387	65+	-	99397	
Visits  9221  9222  9223  ent:  9231  9232  9233  e:  9238  9239  Facility	blood 85025 Hemogra (CBC) with differential 80076 Hepatic function panel 85018 HGB	te:	150 Pap 150 Pap 150 Prothrombin 152 PSA 1430 Rheumatoid 152 PSA 1430 Stool 1430 Strep screen 1478 Triglycerides 1443 TSH 1001 UA with 150 UA with 150 Uric acid, 150 Uric acid, 150 Urine	904 va 907 907 908 0.2 908 0.5 908 908 907 su 908 907 ina	171 admin 1 vad 172 each add
92 92 92	33 38 39 <b>cility</b> 04 05	33	S2947 Glucose, blood   B2947 Glucose, blood   B38	S2947 Glucose, blood   hemoccult x 3	S2947 Glucose, blood   S2270 Stool   S2947 Glucose, blood   S4430 Strep screen   S4443 TsH   Sure   S4443

# **WP 69-:**

### **DORIS CASAGRANDA'S PATIENT ENCOUNTER FORM**

No.	Date		Description	Charge	С	redit		Current
NO.	Date		Description	Charge	Payment	Adjustm	nent	Balance
	Patie	ent Inf	formation	Patient	Doris	Casagrand	<u>.</u> а	
3132 W	I. 42d Street			Patient	50, 15	casagi ana		
Address				Date: 10/24	/20	Chart #C	ASAGDO	0
Chicag	o, IL 60632-1	.406		Karen Larse	Diagnose	es:		
City, Sta			father	2235 S. Ridg		_		
312-55	55-1200		312-555-1245	Chicago, IL 6	60623-2240	1L73.	2	
Home p	hone		Work phone	312-555-602	22	2		
George	Casagranda		father	312-333-002		See M.		
Respon	sible person		Relationship	Fax: 312-55	5-0025	3		
Nation	al Insurance		497-27-3367-05			4		
Insuran	ce		Contract numbers			12.10		
			OFFIC	E VISIT	S			
		New F	Patient		Establish	ed Patient		
			Prevent	ive Medicine				
			99381 und	ler 1 year		99391		
	99201	77 <u>-</u>	99382	1–4	-	99392	200	99211
	99202	·	99383	5-11		99393	<u> </u>	99212
	99203	-	99384	12–17		99394		99213
-	99204	8-	99385	8–39	-	99395	107	99214
9	99205	22 <del></del>	99386	10–64	-	99396		99215
		-	99387 6	55+		99397		
12 500	tal Visits		Lab:		808 Monospot	Injection		
Initial:	99221		80048 Basic metabolic panel	tes				dmin 1 vac each add'l
	99222		87110 Chlamydia		610 Prothrombin		vac	ederi dad i
	99223		culture	tim	ne	9	90716 C	hickenpox
Subse	equent:		85651 ESR;	841	52 PSA	9	90702 [	DT
	99231		nonautomated	100	30 Rheumatoid			
	99232		83001 FSH		ctor			nfluenza
Discha	99233		82947 Glucose, blood		270 Stool moccult x 3		0.25m	L Influenza
	99238		85025 Hemogram		30 Strep screen		0.5mL	
	99239		(CBC) with		78 Triglycerides		90710 N	
Nursi	ng Facility		differential	844				aneous
Initial:			80076 Hepatic	810	01 UA with	9	90707 N	MMR
	99304		function panel	mi	croscopy	9	90649	4vHPV
	99305		85018 HGB	870		100 0000		olio vac
	99306		86701 HIV-1		550 Uric acid,			ated (IPV)
Other	•		83002 LH		ood 25 Urine		90714 To	d 000 ECG
			80061 Lipid panel 86617 Lyme	100	egnancy test	Asserted to the second	930	JUU ECG
			antibody			Other		

# **WP 70-:**

### RANDY BURTON'S PATIENT ENCOUNTER FORM

No.	Date		Description		Charge	С	redit		Currer
10.	Date		Description		Charge	Payment	Adjustme	ent	Balanc
3/15 Ы G	Patien		ormation	-	Patient	Randy	Burton		
ddress	race street			— h	Date: 10/24	/20	Chart #BUF	RTORAC	)
hicago,	IL 60641-67	'30			Karen Larser	ı. MD	Diagnoses	:	
ity, State,						eway Avenue			
312-555-7	292			'	Chicago, IL 6	60623-2240	1. <u>ZØØ.12</u>	29	
Home phon	е		Work phone	,	312-555-602	22	2		
aul Burton father						×10.000			
esponsible person Relationship				۱ ۱	Fax: 312-555	5-0025	3		
No insura	nce						4		
nsurance Contract number									
			0	FFICE	VISIT				
		New P	atient			Establish	ed Patient		
				Preventiv	e Medicine				
			99381	under	r1 year	-	99391		
	_99201		99382		-4	-	(99392) _		992′
<u>-</u>	_99202	<u> </u>	99383	.55	-11 	2			992′
	_99203		99384	(1.5 <del>1.5</del> 1	<b>–17</b>	99394 _		992	
	99204 99205		99385 99386		–39 –64	99395   _ 99396   _		9921 9921	
-	_ 99203		99380		65+ 99397				992
99 99 Discharge	9221 9222 9223 ent: 9231 9232 9233 e: 9238 9239 Facility		Lab:	ic panel amydia R; mated H ucose, mogram th ial epatic panel 68 /-1 H id panel	tes881856 tim841864 fac822 he874844810 mi870845 blc810	50 Pap 10 Prothrombin	90 90 90 90 90 90 90 90 90 90 90	0471 ac 0472 e vac 0716 C 0702 E 0700 E 0.25mL 0.5mL 0.5mL 0710 M subcuta 0707 N 0649 4 0713 Penactiva 0714 To	OTaP Influenza Influenza IMRV, Inneous IMR IVHPV IVHPV Iolio vac Inted (IPV

# **WP 71-:**

### **GARY ROBERTSON'S PATIENT ENCOUNTER FORM**

No.	Date		Description	Charg		С	redit		Current
NO.	Date		Description	Charg	je	Payment	Adjustr	nent	Balance
	Patien	t Inf	formation	Patient		Garv R	obertson		
3449 V	W. Foster Avenue	9		Patient					
Addres	s			Date: 10	0/24,	/20	Chart #R	ROBERGA	0
	go, IL 60625-237	77		_ Karen La	arser	n, MD	Diagnos	es:	
City, St	ate, ZIP			1	_	eway Avenue	1. <u>N1</u> Ø		
	55-3360		312-555-8857	- Chicago	, IL 6	0623-2240	1		
Home p	phone		Work phone	312-555	-602	2	2		
self	nsible person		Relationship	_   Fax: 312	-555	-0025	3		
		+6	•	1 47. 312	-555	-0025			
Insuran	ntial Group Heal nce	tn	255-74-1021 Contract numbers	-			4		
			OFF	OF MIC	170				
			OFFI	CE VIS	113				
		lew l	Patient			Establish	ed Patien	t	
			Preve	ntive Medic	ine				
	-		99381 u	nder 1 year			99391		
	99201   .		99382	1–4					9921
	99202		99383	5–11			99393		9921
	99203   -		99384	12–17			99394		9921
	99204		99385	18–39			99395		9921
	99205		99386	40-64			99396		9921
	-		99387	65+			99397		
	ital Visits		Lab:			08 Monospot	Inject		
Initial:	: _ 99221		80048 Basic	_	tes				dmin 1 vac
	_ 99221 _ 99222		metabolic pan			50 Pap 10 Prothrombin		90472 vac	each add
	_ 99223		culture	a	tim		1		Chickenpo
	equent:		85651 ESR;	l		52 PSA		90702	
	99231)		nonautomated			30 Rheumatoid		90700	
	99232		83001 FSH		fac	tor	l	90657	Influenza
	_ 99233		82947 Glucose	,	822	70 Stool		0.25m	L
Disch	arge:		blood		hei	moccult x 3		90658	Influenza
	_ 99238		85025 Hemogra	am	8743	30 Strep screen		0.5mL	
	_ 99239		(CBC) with		844	78 Triglycerides	l ——	90710 N	ИMRV,
	ng Facility		differential			43 TSH			taneous
Initial:			80076 Hepatic	- 1		01 UA with		90707	
	99304		function panel			croscopy		90649	
	_ 99305		85018 HGB			88 UC			olio vac
	_ 99306		86701 HIV-1		. 845 blo	50 Uric acid,		90714 T	ated (IPV)
Other	r		83002 LH 80061 Lipid pan	el		od 25 Urine	1		a 000 ECG
			86617 Lyme	`		egnancy test	Other	53	200 500
			antibody				Other		
Visit	ts: .0/18								
	U/ IO		I	1					
	.0/20		1				1		

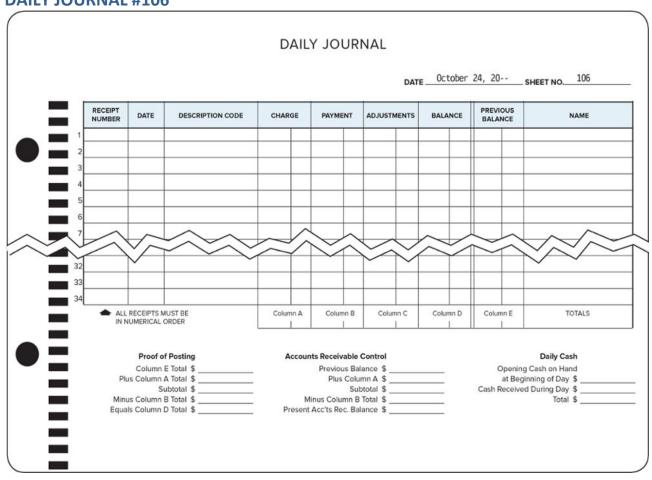
# **WP 72-:**

### **CHECKS RECEIVED: DAILY JOURNAL #106**

PAY TO THE ORDER OF Karen Largen, MD  Forty-four and **/100  First National Bank Chicago, IL 60623-2791	DOLLARS
FOR I: 0710 ··· 0062 242 ··· 04658	Charles Jonathan
PAY TO THE ORDER OF <u>Karen Larsen</u> , MD	NO. 10082 20 - 62 710 20 \$ 44 and 10/100
Forty-four and 10/100  First National Bank Chicago, IL 60623-2791	DOLLARS
FOR <u>Cheng Sun Worker &amp; Comp</u> I: 0710 III 0062 202 III 05623	Billings, Inc.
PAY TO THE ORDER OF <u>Karen Largen, MD</u>	NO. 152462 20 – 62 710 October 24 20 – — \$ 143 and 20/100
TO THE ORDER OF Karen Larsen, MD  One hundred forty-three and 20/100  Chicago Bank	October 24 20 \$ 143 and <sup>20</sup> /100
TOTHE ORDER OF Karen Larsen, MD  One hundred forty-three and <sup>20</sup> /100	
TO THE ORDER OF Karen Largen, MD  One hundred forty-three and 20/100  Chicago Bank Chicago, IL 60621  FOR David Kramer I: 0710 III 0155 262 III 02555	
TO THE ORDER OF Karen Lareen, MD  One hundred forty-three and 20/100  Chicago Bank Chicago, IL 60621  FOR David Kramer I: 0710 III 0155 262 III 02555  PAY TO THE ORDER OF Karen Lareen, MD	

### **WP 73-:**

#### **DAILY JOURNAL #106**



# **WP 74-:**

### MONICA ARMSTRONG'S PATIENT ENCOUNTER FORM

No.	Date		Description	Charge	С	redit		Curren
140.	Date		Description	Charge	Payment	Adjust	ment	Balance
		ent In	formation	Patient	Monica	Armstro	ng	
5518 № Address	Monroe Street s			Date: 10/25/20 Chart #ARMSTMO				0
Chicag	jo, IL 60644-5	519		Karen Larse	Diagnos	Diagnoses:		
City, Sta	ate, ZIP			1	geway Avenue	701	.419	
312-55	55-4413		312-555-8825	Chicago, IL	60623-2240	1. <u></u>	.419	
Home p	phone		Work phone	312-555-60	22	2 <u>N9</u> 2	.Ø	
se1f						3. N84	1	
Respon	sible person		Relationship	Fax: 312-55	5-0025	31\84	·. 1	
Blue Cr	ross/Blue Shiel	d, 486	-29-3789-1, 2458 Grp			4RØ1	.1	
Insuran	ce		Contract numbers					
			OFFIC	CE VISIT	S			
		New	Patient		Establish	ed Patier	nt	
			Preven	tive Medicine				
			99381 un	der 1 year		99391		
	99201		99382	1–4		99392		9921
	99202		99383	5–11		99393		9921
	99203		99384	12–17		99394		9921
	99204		99385	18–39		99395		9921
	99205			40–64		(99396)		9921
			99387	65+		99397		
Subse Discha Nursii Initial:	99221 99222 99223 equent: 99231 99232 99233 arge: 99238 99239 ng Facility		Lab: 80048 Basic87110 Chlamydia85651 ESR;85651 ESR;83001 FSH82947 Glucose,blood85025 Hemograr(CBC) with	te	001 UA with icroscopy		90472 vac 90716 0 90702 90700 90657 0.25m 90658 0.5mL 90710 N subcu 90707 90649	DTaP Influenza L Influenza MMRV, taneous MMR 4vHPV Polio vac ated (IPV)
Other	•		80061 Lipid pane		000 025 Urine			000 ECG

# **WP 75-:**

### **JEFFREY KRAMER'S PATIENT ENCOUNTER FORM**

No.	Date		Description	Charge	С	redit		Current
	2410	_	Description	- Cital ge	Payment	Adjusti	ment	Balance
								8
			formation	Patient	Jeffre	y Kramer		
510 N. Addres	. Marine Drive s			Date: 10/25	5/20	Chart #	KRAMEJE	0
Chicag	go, IL 60640-5	607		Karen Larse	n, MD	Diagnos	es:	
	ate, ZIP		father	2235 S. Ridg	eway Avenue	ucc		
312-55	55-1913		312-555-8820	Chicago, IL 6	60623-2240	1. <u>Hbb</u>	.009	
Home p	ohone		Work phone	312-555-602	22	2. H6Ø	. 399	
	v Kramer		father	F 242 FF	- 0005	3.		
	isible person tar Premium Insi	urance,		Fax: 312-555	5-0025	3		
Insuran	100		747-22-3401-02, Grp 411 Contract numbers			4		
ilisulali	ice			E VICIT	C			
		Now	Patient	EVISIT	2000 pe 2000 pe	ed Patien		
		New			Establish	eu Fatieil		
			12 1721 1771	ive Medicine er 1 year		00201		
	99201		99381 und 99382	1–4				9921
	99202			5–11				
	99203			12–17				9921
	99204	-	99385 1	8–39		99395		9921
	99205	-	99386 4	10–64		99396		9921
		<u> </u>	99387 6	S5+		99397		
	ital Visits		Lab:		808 Monospot	Inject		
Initial:	: _ 99221		80048 Basic metabolic panel	te:				dmin 1 vac each add'
	_ 99221		87110 Chlamydia		510 Prothrombin		vac	eacii add
	99223		culture	tim				Chickenpo
Subse	equent:		85651 ESR;	841	52 PSA		90702	DT
	99231		nonautomated	864	30 Rheumatoid	88 88	90700	
	_ 99232		83001 FSH		ctor			Influenza
	_ 99233		82947 Glucose,		270 Stool		0.25m	
Disch	9		blood		moccult x 3			Influenza
	_ 99238 _ 99239		85025 Hemogram	1	30 Strep screen		0.5mL	
	ng Facility		(CBC) with differential	844	78 Triglycerides		90710 N	taneous
Initial:			80076 Hepatic		01 UA with		90707	
	_ 99304		function panel		croscopy		90649	
	99305		85018 HGB	870			90713 F	Polio vac
	99306		86701 HIV-1	845	550 Uric acid,			ated (IPV
Other	r		83002 LH		ood		90714 T	
Other			80061 Lipid panel	A	25 Urine egnancy test	ECG:	93	000 ECG
			86617 Lyme	l bi	egnancy test			
			antibody		egnancy test	Other		

# **WP 76-:**

### **CHENG SUN'S PATIENT ENCOUNTER FORM**

No.	Date		Description	Charge	С	redit		Curren
110.	Date		Bescription	onarge	Payment	Adjust	ment	Balanc
						i.		
	Patie	ent Inf	formation	Patient	Cheng	Sun		
2235 W	V. School Stre	et		1100 P. 1100 P		_		
Address	s			<b>Date:</b> 10/25	5/20	Chart #	SUNCHEN	10
_	go, IL 60618-5	785		Karen Larse	Diagnos	Diagnoses:		
City, Sta	ate, ZIP				eway Avenue	1. ZØØ	.ØØ	
	55-3750		312-555-8149	Chicago, IL 6	60623-2240	1		
Home p	ohone		Work phone	312-555-602	22	2		
self				F 242 FF	- 0005	3		
	sible person		Relationship	Fax: 312-55!	5-0025	3		
	State Plan,		285-90-9125,35A Grp.			4		
Insuran	ice		Contract numbers		-			
			OFFIC	E VISIT	S			
		New I	Patient		Establish	ed Patier	nt	
			Prevent	ive Medicine				
		-	99381 und	er 1 year		99391		
	99201		99382	1–4		99392	-	992′
100	99202	·	99383	5–11	-	99393	-	992′
	99203	100		12–17	-			9921
-	99204			8–39	· · · · · · · · · · · · · · · · · · ·	~		9921
-	99205	73		10–64	-	(99396)	-	9921
		-	99387	S5+ T		99397		
Hospi Initial:	ital Visits		<b>Lab:</b> 80048 Basic	100	308 Monospot	_	tions:	dmin 1 vac
	99221		metabolic panel	tes		100		each add
	99222		87110 Chlamydia		610 Prothrombin		vac	cacii aaa
	99223		culture	tim				Chickenpo
Subse	equent:		85651 ESR;	(841	52 PSA	<u> </u>	90702	
	99231		nonautomated	864	30 Rheumatoid		90700	DTaP
	99232		83001 FSH	-	ctor		90657	Influenza
100000 0000	_ 99233		82947 Glucose,		270)Stool		0.25m	
Disch			blood		moccult x 3			Influenza
	99238		85025 Hemogram		30 Strep screen		0.5mL	
Murci	_ 99239 ng Facility		(CBC) with differential		78 Triglycerides 43 TSH		. 90710 N	taneous
Initial:			80076 Hepatic		01 UA with		90707	
	99304		function panel		croscopy		90649	
	99305		85018 HGB		188 UC			Polio vac
			86701 HIV-1		550 Uric acid,			ated (IPV
O4!			83002 LH	1	ood		90714 T	
Other	T)		80061 Lipid panel	810	25 Urine	ECG:	93	000 ECG
			86617 Lyme antibody	pre	egnancy test	Other		
			antibody					
					<u></u>			

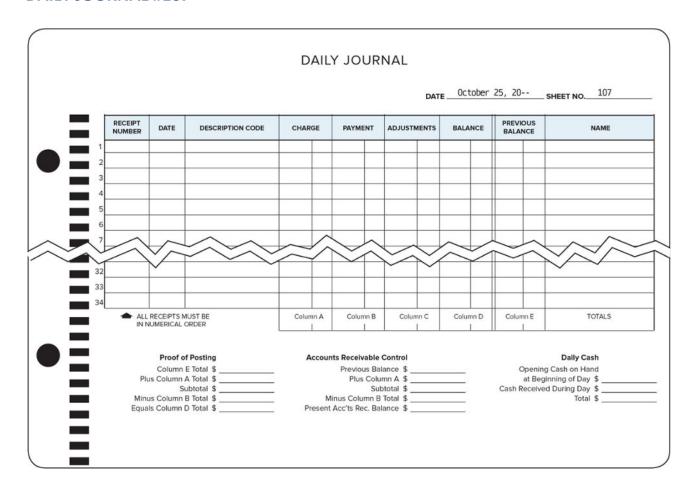
# **WP 77-:**

### **CHECKS RECEIVED: DAILY JOURNAL #107**

		<u>1532106</u> 20 – 62 710
PAY	October 25	20
TO THE ORDER OF _ Karen Larsen, MD		\$ 192 and 80/100
ORDER OF MAINTENANCE PROPERTY.		φ 102 αια 7100
One hundred ninety-two and <sup>60</sup> /100		DOLLARS
First National Bank Chicago, IL 60623-2791		
FOR Monica Armstrong	BC/BS	
:0710 0062 242 04658		
		10000113
		. <u>1909242</u> 20 – 62 710
PAY	October 25	20
ORDER OF Karen Largen, MD		\$ 93 and 10/100
Onder of		Ψ
Ninety-three and **/100		— DOLLARS
		DOLLANG
First National Bank Chicago, IL 60623-2791		
FOR Laura Lund	Employee	Benefit
1:0710   1:05623   1:0710   1:05623	. 0	Sonorn
	<u> </u>	
		***********
	NO	. <u>1964648</u> 2 20 - 62 710
PAY	1927 E. S. S. S.	
	October 25	20
TO THE ORDER OF Karen Largen, MD		
TO THE ORDER OF Karen Larsen, MD		
ORDER OF Karen Larsen, MD		\$ 222 and 40/100
ORDER OF Karen Larsen, MD  Two hundred twenty-two and 40/100  Chicago Bank		\$ 222 and 40/100
ORDER OF Karen Lareen, MD  Two hundred twenty-two and 40/100  Chicago Bank Chicago, IL 60621		\$ 222 and 40/;00 DOLLARS
ORDER OF Karen Larsen, MD  Two hundred twenty-two and 40/100  Chicago Bank Chicago, IL 60621  FOR Sara Babcock	Kaiser Inec	\$ 222 and 40/;00 DOLLARS
ORDER OF Karen Lareen, MD  Two hundred twenty-two and 40/100  Chicago Bank Chicago, IL 60621	Kaiser Inec	\$ 222 and 40/;00 DOLLARS
ORDER OF Karen Larsen, MD  Two hundred twenty-two and 40/100  Chicago Bank Chicago, IL 60621  FOR Sara Babcock	Kaiser Inec	\$ 222 and 40/;00 DOLLARS
ORDER OF Karen Larsen, MD  Two hundred twenty-two and 40/100  Chicago Bank Chicago, IL 60621  FOR Sara Babcock	Z II•	\$ 222 and 40/;00 DOLLARS
ORDER OF Karen Larsen, MD  Two hundred twenty-two and 40/100  Chicago Bank Chicago, IL 60621  FOR Sara Babcock	Z II•	\$ 222 and 40/100  DOLLARS  Wance  1, 1227847 20 - 62
ORDER OF Karen Larsen, MD  Two hundred twenty-two and 40/100  Chicago Bank Chicago, IL 60621  FOR Sara Babcock I: 0710 III 0155 262 III 02559  PAY TO THE	Kaisev Inst	\$ 222 and 40/100  DOLLARS  Wance  1, 1227847 20 - 62 710
ORDER OF Karen Larsen, MD  Two hundred twenty-two and 40/100  Chicago Bank Chicago, IL 60621  FOR Sara Babcock I: 0710 III 0155 262 III 02559	Kaisev Inst	\$ 222 and 40/100  DOLLARS  Wance  1, 1227847  20 - 62 710
ORDER OF Karen Larsen, MD  Two hundred twenty-two and 40/100  Chicago Bank Chicago, IL 60621  FOR Sara Babcock I: 0710 III 0155 262 III 02559  PAY TO THE ORDER OF Karen Larsen, MD	Kaisev Inst	\$ 222 and 40/100  DOLLARS  Wance  20 - 62 710  20 \$ 147 and 00/100
ORDER OF Karen Larsen, MD  Two hundred twenty-two and 40/100  Chicago Bank Chicago, IL 60621  FOR Sara Babcock I: 0710 III 0155 262 III 02559  PAY TO THE	Kaisev Inst	\$ 222 and 40/100  DOLLARS  Wance  1, 1227847 20 - 62 710
ORDER OF Karen Larsen, MD  Two hundred twenty-two and 40/100  Chicago Bank Chicago, IL 60621  FOR Sara Babcock I: 0710 III 0155 262 III 02559  PAY TO THE ORDER OF Karen Larsen, MD	Kaisev Inst	\$ 222 and 40/100  DOLLARS  Wance  20 - 62 710  20 \$ 147 and 00/100
ORDER OF Karen Larsen, MD  Two hundred twenty-two and 40/100  Chicago Bank Chicago, IL 60621  FOR Sara Babcock 1: 0710 0155 262 02559  PAY TO THE ORDER OF Karen Larsen, MD  One hundred forty-seven and 00/100  First National Bank	Kaisev Inst	\$ 222 and 40/100  DOLLARS  Nance  1227847 20 -62 710 20 \$ 147 and 00/100  DOLLARS

### **WP 78-:**

#### **DAILY JOURNAL #107**



# **WP 79-:**

### THOMAS BAAB'S PATIENT ENCOUNTER FORM

No.	Date		Description	Charge	С	redit		Current
140.	Date		Description	Charge	Payment	Adjust	tment	Balance
	Patie	ent Inf	formation	Patient	Thomas	Baab		
5015 N	N. Ridgeway Av	enue						
Addres	s			<b>Date:</b> 10/26	5/20	Chart #	BAABTHO	OMO
	go, IL 60625-1	.220		_ Karen Larsen, MD Diagnoses:				
City, St	ate, ZIP			_	eway Avenue	1. E78	2 5	
	55-3478		312-555-8830	Cnicago, IL	60623-2240	1	,,,	
Home p	ohone		Work phone	312-555-602	22	2		
self	nsible person		Polotionship	Fax: 312-55!	E 003E	3.		
	sity Health Pla	n,	Relationship	Fax: 312-55	5-0025	0		
Insuran	100		581-57-0376-59, A87 Grp Contract numbers			4		
ii isui ai	ice							
			OFFIC	EVISIT	S			
		New F	Patient	Established Patient				
			Prevent	ive Medicine				
			99381 und	er 1 year				
	99201		99382	1–4				99211
	99202			5–11				99212
	99203			12–17				99213
	99204			8–39				99214
	99205			0–64 55+		- 99396 - 99397		99215
•••			T	1			••	
Initial:	ital Visits		<b>Lab:</b> 80048 Basic	te:	308 Monospot st	1	<b>tions:</b> _ 90471 a	dmin 1 vac
	99221		metabolic panel	881	50 Pap		90472	each add'l
	99222		87110 Chlamydia	856	610 Prothrombin		vac	
	_ 99223		culture	tin				Chickenpox
	equent:		85651 ESR;		52 PSA		90702	
	_ 99231 _ 99232		nonautomated 83001 FSH	1	130 Rheumatoid ctor			Influenza
	_ 99233		82947 Glucose,	1	270 Stool		0.25m	
Disch			blood		emoccult x 3			Influenza
	_ 99238		85025 Hemogram	874	30 Strep screen		0.5mL	,
	_ 99239		(CBC) with	844	178 Triglycerides	l —	90710 1	MMRV,
	ng Facility		differential	844				taneous
Initial:			80076 Hepatic	1	01 UA with		90707	
	99304		function panel	1	croscopy			4vHPV
	_ 99305 _ 99306		85018 HGB 86701 HIV-1	870	550 Uric acid.			Polio vac rated (IPV)
			83002 LH		ood		90714 T	, ,
Other	r		80061 Lipid panel	1	25 Urine			000 ECG
			86617 Lyme	1	egnancy test	Other		
			antibody					
			I	1 ———		1		

# **WP 80-:**

### THERESA DAYTON'S PATIENT ENCOUNTER FORM

No.	Date		Description	Charge		redit		Curren
		_	- West Annual - West States		Payment	Adjust	tment	Balanc
105 W	Pation . Chestnut Str		formation	Patient	Theres	a Daytor	1	
Addres		cet		Date: 10/26	5/20	Chart #	DAYTOTH	10
Chicad	go, IL 60610-2	2816		Karen Larse	n MD	Diagno	ses:	
	tate, ZIP				eway Avenue			
312-55	55-2231		312-555-2583	Chicago, IL	60623-2240	1G44	1.209	
Home p	phone		Work phone	312-555-60	22	2		
self			<u>.</u>	012 000 001		Backers 1		
	nsible person sity Health Pla	un.	Relationship	Fax: 312-55!	5-0025	3		
UITIVEI	Sity nearth Fia	ш,	797-90-1128, S357C Grp.			4		
Insurar	nce		Contract numbers					
			OFFIC	E VISIT	S			
		New I	Patient		Establish	ed Patie	nt	
			Prevent	ive Medicine				
			99381 und	ler 1 year		99391		
	99201		99382	1-4		99392	-	9921
	99202	-	99383	5–11	<u>-</u>	99393		992
	99203		99384	12–17	-	99394	2	9921
	99204		99385	18–39		99395		9921
-	99205			10–64		99396		9921
			99387	65+	-	99397		
Hosp Initial:	ital Visits		Lab: 80048 Basic	863	308 Monospot		tions:	dmin 1 vac
	_ 99221		metabolic panel	881				each add
	_ 99222		87110 Chlamydia	856	610 Prothrombin		vac	
	_ 99223		culture	tin		·		Chickenpo
	equent:		85651 ESR;		52 PSA		90702	
	_ 99231 _ 99232		nonautomated 83001 FSH	10 300 300	130 Rheumatoid ctor	88	90700	DiaP Influenza
	_ 99232		82947 Glucose,		270 Stool	3	0.25m	
	arge:		blood		emoccult x 3			_ Influenza
	99238		85025 Hemogram	874	30 Strep screen		0.5mL	
	_ 99239		(CBC) with	844	178 Triglycerides	·	_ 90710 N	MMRV,
	ing Facility		differential	844				taneous
Initial			80076 Hepatic		01 UA with		90707	
	_ 99304		function panel	I	icroscopy		90649	
	_ 99305 _ 99306		85018 HGB 86701 HIV-1	870	550 Uric acid,	8	90713 F	olio vac ated (IPV
			83002 LH	1	ood		90714 T	
Othe	r		80061 Lipid panel		25 Urine			000 ECG
			86617 Lyme		egnancy test	Other		
			antibody					
			I .	1				

# **WP 81-:**

### **ARDIS MATTHEWS' PATIENT ENCOUNTER FORM**

No.	Date		Description	Charge		redit		Curren
				<b>3</b> -	Payment	Adjustr	ment	Balanc
000 1	<b>Patie</b>  orth Lincoln		formation	Patient	Ardis	Matthews		
ddress		Park	west	Date: 10/26/20 Chart #MATTHARO				0
hicad	o, IL 60614-1	411		Karen Larsen, MD Diagnoses:				
	ate, ZIP				eway Avenue			
312-55	5-3178		312-555-8848	Chicago, IL 6	50623-2240	1. <u>R51</u>		
Home p	hone		Work phone	312-555-602	22	2		
Earl M	latthews		husband	312-333-002				
Respon	sible person		Relationship	Fax: 312-555	5-0025	3		
Arling	ling Employee Plan, 294-82-8099-02, 33					4		
Insuran	ce		Contract numbers					
			OFFIC	E VISIT	S			
		New	Patient		Establish	ed Patien	t	
			Prevent	ive Medicine				
			99381 und	er 1 year		. 99391		
	99201		99382	1–4		. 99392		992
	99202		99383	5–11		. 99393		<u> </u>
	99203		99384	12–17		99394		9921
	99204		99385 1	8–39		. 99395		9921
	99205		99386 4	0–64		. 99396		9921
			99387 6	55+		. 99397		
Subse Discha Nursii Initial:	99221 99222 99223 equent: 99231 99232 99233 arge: 99238 99239 ng Facility		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	tes	50 Pap 510 Prothrombin ne 52 PSA 30 Rheumatoid ctor 270 Stool moccult x 3 30 Strep screen 578 Triglycerides		90471 a 90472 c vac 90716 C 90702 90700 90657 c 0.25m 90658 c 0.5mL 90710 N subcut 90707 I 90649 c 90713 F inactiv	DTaP Influenza L Influenza MMRV, taneous MMR 4vHPV Polio vac ated (IPV
			80061 Lipid panel 86617 Lyme antibody		egnancy test	Other	930	JOU ECG

# **WP 82-:**

### ANA MENDEZ'S PATIENT ENCOUNTER FORM

IL 60629-42 ZIP 3606 ne S & Blue Shie	eld,	Prevent 99381 und 99382		n, MD leway Avenue 60623-2240 22 5-0025	Chart # Diagnos  1	MENDEAN ses:	
IL 60629-42 ZIP 3606 ne S & Blue Shie	eld,	Work phone  Relationship 295-99-3325, 354 Grp. Contract numbers  OFFIC  Itient  Prevent  99381 und	Date: 10/26  Karen Larsel 2235 S. Ridg Chicago, IL 6 312-555-602  Fax: 312-555	5/20 n, MD leway Avenue 60623-2240 22 5-0025	Chart # Diagnos  1	ses: 9Ø	
IL 60629-42 ZIP 3606 ne S & Blue Shie	eld,	Work phone  Relationship 295-99-3325, 354 Grp. Contract numbers  OFFIC  Itient  Prevent  99381 und	Date: 10/26  Karen Larsel 2235 S. Ridg Chicago, IL 6 312-555-602  Fax: 312-555	5/20 n, MD leway Avenue 60623-2240 22 5-0025	Chart # Diagnos  1	ses: 9Ø	
IL 60629-42 ZIP 3606 ne S & Blue Shie	eld, New Pa	Relationship 295-99-3325, 354 Grp. Contract numbers  OFFIC  Intient  Prevent  99381 und 99382	Karen Larset 2235 S. Ridg Chicago, IL 6 312-555-602 Fax: 312-555	n, MD leway Avenue 60623-2240 22 5-0025	Diagnos  1	ses: 9Ø	
	eld, New Pa	Relationship 295-99-3325, 354 Grp. Contract numbers  OFFIC  Intient  Prevent  99381 und 99382	2235 S. Ridg Chicago, IL 6 312-555-602 Fax: 312-559 ive Medicine er 1 year	eway Avenue 60623-2240 22 5-0025	1	9Ø	
	eld, New Pa	Relationship 295-99-3325, 354 Grp. Contract numbers  OFFIC  Intient  Prevent  99381 und 99382	2235 S. Ridg Chicago, IL 6 312-555-602 Fax: 312-559 ive Medicine er 1 year	eway Avenue 60623-2240 22 5-0025	1	9Ø	
ne le person s & Blue Shie  — 99201 — 99202	New Pa	Relationship 295-99-3325, 354 Grp. Contract numbers  OFFIC  Intient  Prevent  99381 und 99382	Chicago, IL 6 312-555-602 Fax: 312-555  E VISITS ive Medicine er 1 year	50623-2240 22 5-0025 Establish	234		
99201 99202	New Pa	Relationship 295-99-3325, 354 Grp. Contract numbers  OFFIC  Intient  Prevent  99381 und 99382	Fax: 312-559	5-0025 S Establish	34		
99201 99202	New Pa	295-99-3325, 354 Grp. Contract numbers  OFFIC  ntient  Prevent  99381 und  99382	Fax: 312-559	5-0025 S Establish	34		
99201 99202	New Pa	295-99-3325, 354 Grp. Contract numbers  OFFIC  ntient  Prevent  99381 und  99382	ive Medicine er 1 year	S Establish	4ed Patier		
99201 99202	New Pa	Contract numbers  OFFIC  Intient  Prevent  99381 und  99382	ive Medicine er 1 year	Establish	ed Patier		
99201 99202		OFFIC  ntient  Prevent  — 99381 und  — 99382	ive Medicine er 1 year	Establish		nt	
99201 99202		Prevent 99381 und 99382	ive Medicine er 1 year	Establish		nt	
99201 99202		Prevent und 99381 und 99382	er 1 year			nt	
99202		99381 und	er 1 year		. 99391		
99202		99382			. 99391		
99202			1-4				
				12	99392	-	99211
00000		99383	5–11	<u> </u>	99393	<u> </u>	99212
99203		99384	12–17	-	99394	-	99213
99204			8–39	5: :		=	99214
99205			10–64		99396		99215
		99387 6	55+		99397		
99221 99222 99223 Jent: 99231 99232 99233 Je: 99238 99239 Facility		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	te:	st 50 Pap 510 Prothrombin ne 52 PSA 130 Rheumatoid ctor 270 Stool emoccult x 3 130 Strep screen 178 Triglycerides 143 TSH 01 UA with croscopy 188 UC 150 Uric acid, 150 October 198 UC		90471 a 90472 vac 90716 0 90702 90700 90657 0.25m 90707 90649 90713 Finactive 90714 T	cach add'l Chickenpox DT DTaP Influenza L Influenza MMRV, taneous MMR 4vHPV Polio vac vated (IPV)
	9222 9223 ent: 9231 9232 9233 e: 9238 9239 Facility	9221 9222 9223 ent: 9231 9232 9233 e: 9238 9239 Facility	1	1	Second	Solition   Solition	Visits         Lab:         86308 Monospot test         Injections:           9221         metabolic panel         88150 Pap         90471 amount of test           9222         87110 Chlamydia         85610 Prothrombin         vac           9223         culture         time         90716 Grad           ent:         85651 ESR;         84152 PSA         90702           9231         nonautomated         86430 Rheumatoid         90700           9232         83001 FSH         factor         90657           9233         82947 Glucose,         82270 Stool         0.25m           9238         85025 Hemogram         87430 Strep screen         0.5mL           9239         (CBC) with         84478 Triglycerides         90710 M           9239         (CBC) with         84443 TSH         subcut           9304         differential         84443 TSH         subcut           9305         85018 HGB         87088 UC         90713 F           9306         86701 HIV-1         84550 Uric acid,         inactiv           9306         86701 HiV-1         84550 Uric acid,         inactiv           9306         86617 Lyme         pregnancy test         Other

# **WP 83-:**

### **GARY ROBERTSON'S PATIENT ENCOUNTER FORM**

No	No. Date		Description	Charge	Credit			Current	
Date Date			Description		Payment	Adjust	ment	Balance	
Patient Information  3449 W. Foster Avenue			Patient	Gary Robertson					
Address			Date: 10/26/20 Chart #ROBERGAO			10			
Chicago, IL 60625-2377			Karen Larsen, MD Diag			iagnoses:			
City, State, ZIP			2235 S. Ridgeway Avenue						
312-55	5-3360		312-555-8857	Chicago, IL 6	50623-2240	1. <u>N10</u>	1		
Home phone Work phone		312-555-6022		2					
self			312-333-002						
Respons	sible person		Relationship	Fax: 312-55	3				
Prudent	tial Group Heal	th	255-74-1021			4			
Insuran	ce		Contract numbers						
			OFFIC	E VISIT	S				
		New	Patient		Establish	ed Patier	nt		
			Prevent	ive Medicine					
			99381 und	ler 1 year		99391			
	99201	_	99382	1–4		99392		99211	
	99202	—	99383	5–11		99393		(99212	
	99203	_	99384	12–17		99394		99213	
	99204		99385 1	18–39		99395		99214	
	99205		99386 4	10–64		99396		99215	
			99387	55+		99397			
Subse Discha Nursir	99221 99222 99223 equent: 99231 99232 99233 arge: 99238 99239 <b>ng Facility</b>		Lab:	tes	50 Pap 510 Prothrombin ne 52 PSA 30 Rheumatoid ctor 270 Stool moccult x 3 30 Strep screen 478 Triglycerides 443 TSH 01 UA with croscopy 988 UC 550 Uric acid,		90471 a 90472 vac 90716 0 90702 90700 90657 0.25m 90658 0.5mL 90710 I subcu 90707 90649 90713 I inactiv	DTaP Influenza nL Influenza MMRV, taneous MMR 4vHPV Polio vac vated (IPV)	
			80061 Lipid panel 86617 Lyme antibody		25 Urine egnancy test	Other		000 ECG	

# **WP 84-:**

### FLORENCE SHERMAN'S PATIENT ENCOUNTER FORM

No.	Date	Description	Charge	Credit			Current	
	Date		Бесеприон	- Cital ge	Payment	Adjust	tment	Balanc
Patient Information			Patient Florence Sherman					
6111 N. Lincoln Avenue  Address		Date: 10/26/20 Chart #SHERMFL0			n			
Chicago, IL 60608-3173			1120 1		11/2005			
City, State, ZIP			2235 S. Ridgeway Avenue		Diagnoses:			
312-555-1217			Chicago, IL 60623-2240		1. S1Ø.93XA			
Home phone Work phone		312-555-6022		2. S40	2. S4Ø.Ø29A			
self		312-555-6022			2			
Respon	sible person		Relationship	Fax: 312-55!	Fax: 312-555-0025			
Medicar	re		669-35-2244B	.			4	
Insuran	ce		Contract numbers	1				
			OFFIC	CE VISIT	S			
		New	Patient		Establish	ed Patier	nt	
			Preven	ntive Medicine				
		,: <del></del>	99381 un	der 1 year		99391		
	99201		99382	1–4	-	99392	<u> </u>	9921
	99202		99383	5–11	·		-	(9921
	99203	88	99384	12–17			-	9921
	99204 99205	·	99385 99386	18–39 40–64	_ 99395 _ 99396	75.	9921 9921	
<del></del>	99205		99386	65+		- 99396 - 99397		9921
Hospi	tal Visits		Lab:		808 Monospot		l tions:	
Initial:			80048 Basic	tes	st			dmin 1 vac
	99221		metabolic pane		•			each add'
	99222		87110 Chlamydia culture	1 —— 856 tim	610 Prothrombin		vac	Chickenpo
	equent:		85651 ESR;	700.00	52 PSA		90702	
	99231		nonautomated		30 Rheumatoid		90700	
	99232		83001 FSH		ctor			Influenza
	99233		82947 Glucose,	822	270 Stool		0.25m	ıL
Discha	arge:		blood	he	moccult x 3		90658	Influenza
	99238		85025 Hemogran		30 Strep screen	1	0.5mL	
99239			(CBC) with	100 at 10	84478 Triglycerides		90710 MMRV,	
Nursing Facility		differential	F 75 100	84443 TSH		subcutaneous		
Initial:	99304		80076 Hepatic		81001 UA with microscopy		90707 MMR 90649 4vHPV	
	99304		85018 HGB	I	088 UC			Polio vac
	99306		86701 HIV-1	100 100 100 100 100 100 100 100 100 100	550 Uric acid,			ated (IPV)
			83002 LH		ood		90714 T	
Other			80061 Lipid pane	1.0	25 Urine	ECG:	930	000 ECG
			86617 Lyme antibody	pre	egnancy test	Other	1	
				-	12	() <u>-</u>		

# **WP 85-:**

### **CHECKS RECEIVED: DAILY JOURNAL #108**

CHECKS RECEIVED: BY REI JOOKIN			
PAY	October 26	NO. <u>439205</u> <b>20</b>	20 – 62 710
TO THE ORDER OF Karen Largen, MD		\$ <u>114 a</u>	nd <sup>no</sup> /100
One hundred fourteen and <sup>00</sup> /100			DOLLARS
First National Bank Chicago, IL 60623-2791			
FOR Todd Grant		lential Plan	
:0710:::0062	9 11.		
		***************************************	
	0-1-1 26	NO. <u>1983425</u>	20 – 62 710
PAY TO THE	Uctober 20	20	
ORDER OF <u>Karen Largen, MD</u>		\$_42.6	and 40/100
_Forty-two and <sup>40</sup> /100			DOLLARS
First National Bank			DOLLANG
Chicago, IL 60623-2791			
FOR Raymond Murrary	30	icare	<u></u>
1:07101110062 24211104658	0 11.		
			_
		1175	20 - 62
	October 26	No. <u>475</u>	20 – 62 710
PAY TO THE		20	710
TO THE			710
TO THE		\$ <u>86 a</u>	710 nd <sup>20</sup> /100
TOTHE ORDER OF Karen Largen, MD		\$ <u>86 a</u>	710 nd <sup>20</sup> /100
TO THE ORDER OF Karen Largen, MD  Eighty-six and 20/100  First National Bank		\$ <u>86 a</u>	710 nd <sup>20</sup> /100
TO THE ORDER OF Karen Largen, MD  Eighty-six and 20/100  First National Bank  Chicago, IL 60623-2791	Clare	\$ <u>86 a</u>	710 nd <sup>20</sup> /100
TO THE ORDER OF Karen Largen, MD  Eighty-six and 20/100  First National Bank Chicago, IL 60623-2791  FOR	Clare	\$ <u>86 a</u>	710 nd <sup>20</sup> /100
TO THE ORDER OF Karen Largen, MD  Eighty-six and 20/100  First National Bank Chicago, IL 60623-2791  FOR		20 \$ 86 a ence Rogers	710 nd <sup>20</sup> /100
TO THE ORDER OF Karen Largen, MD  Eighty-six and 20/100  First National Bank Chicago, IL 60623-2791  FOR		20 \$ 86 a	710 nd <sup>20</sup> / <sub>100</sub> DOLLARS
TO THE ORDER OF Karen Largen, MD  Eighty-six and 20/100  First National Bank Chicago, IL 60623-2791  FOR		20 \$ 86 a ence Rogers	20-62 710
TO THE ORDER OF Karen Largen, MD  Eighty-six and 20/100  First National Bank Chicago, IL 60623-2791  FOR		\$ 86 a	20-62 710
TO THE ORDER OF Karen Largen, MD  Eighty-six and 20/100  First National Bank Chicago, IL 60623-2791  FOR		\$ 86 a	20-62 710 20-62 710
TO THE ORDER OF Karen Largen, MD  Eighty-six and 20/100  First National Bank Chicago, IL 60623-2791  FOR I: 0710 III 0062 202 III 05623  PAY TO THE ORDER OF Karen Largen, MD  Sixty-six and 40/100  Chicago Bank	Clare Clare October 26	\$ 86 a	20 - 62 710

### **WP 86-:**

#### **DAILY JOURNAL #108**

