

Your  
Hospital's  
Logo  
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**OB-GYN ASSOCIATES**

Your Hospital  
Street Address  
City, State Zip

- LOCATION:**
- ER
  - IN / OUT SURGERY
  - INPATIENT ROOM
  - LABOR & DELIVERY
  - MAIN OPERATING ROOM

- PROVIDER:**
- DR ASOMANI (AN)
  - DR GODETTE (GL)
  - DR ALEXANDER (ALX)
  - DR NILES (NJH)
  - DR DUNMORE (GD)
  - DR HOPE (HSA)
  - DR MELANCON (MMC)
  - DR PRICE (PPH)
  - DR SCURRY (PG)
  - DR MAYOR (MM)

**IMPRINT PATIENT CHARGE PLATE**

<input type="checkbox"/>	59000	AMNIOCENTESIS: ANY METHOD	
<input type="checkbox"/>	59618	ATTEMPTED VBAC DELIVERY + OB CARE	
<input type="checkbox"/>	56606	BIOPSY VULVA / PERINM - ADDIT'L LESION(S)	
<input type="checkbox"/>	57500	BIOPSY OF CERVIX / UTERUS	
<input type="checkbox"/>	56605	BIOPSY VULVA / PERINM - 1ST LESION	
<input type="checkbox"/>	59515	C-SECTION + POSTPARTUM CARE	
<input type="checkbox"/>	59430	CARE AFTER DELIVERY	
<input type="checkbox"/>	57510	CAUTERIZATION OF CERVIX	
<input type="checkbox"/>	59320	CERCLAGE OF CERVIX - VAGINAL	
<input type="checkbox"/>	54150	CIRCUMCISION - NEWBORN	
<input type="checkbox"/>	99275	CONFIRM CONSULT: HIGH COMPLEXITY	
<input type="checkbox"/>	99274	CONFIRM CONSULT: MODERATE COMPLEXITY	
<input type="checkbox"/>	99273	CONFIRM CONSULT: LOW COMPLEXITY	
<input type="checkbox"/>	57522	CONIZATION OF CX: LOOP ELECTROD EXCSN	
<input type="checkbox"/>	57520	CONIZATION OF CERVIX	
<input type="checkbox"/>	58770	CREATE NEW TUBAL OPENING	
<input type="checkbox"/>	57511	CRYOCAUTERY OF CERVIX	
<input type="checkbox"/>	59160	D & C AFTER DELIVERY	
<input type="checkbox"/>	59414	DELIVERY PLACENTA	
<input type="checkbox"/>	58120	DILATION AND CEURETTAGE	
<input type="checkbox"/>	57800	DILATION OF CERVICAL CANAL	
<input type="checkbox"/>	56420	DRAIN GLAND ABSCESS	
<input type="checkbox"/>	58820	DRAIN OVARY ABSCESS, OPEN	
<input type="checkbox"/>	57010	DRAINAGE OF PELVIC ABSCESS	
<input type="checkbox"/>	57020	DRAINAGE OF PELVIC FLUID	
<input type="checkbox"/>	99285	E/R VISIT: HIGH COMPLEXITY	
<input type="checkbox"/>	99284	E/R VISIT: HIGH/MODERATE COMPLEXITY	
<input type="checkbox"/>	99283	E/R VISIT: MODERATE COMPLEXITY	
<input type="checkbox"/>	57505	ENDOCERVICAL CURETTAGE	
<input type="checkbox"/>	59300	EPISIOTOMY OR VAGINAL REPAIR	
<input type="checkbox"/>	59870	EVACUATE MOLE OF UTERUS	
<input type="checkbox"/>	58200	EXTENSIVE HYSTERECTOMY	
<input type="checkbox"/>	59412	EXTERNAL CEPHALIC VERSION	
<input type="checkbox"/>	99261	F/U INPATIENT CONSULT: LOW COMPLEXITY	
<input type="checkbox"/>	99263	F/U INPATIENT CONSULT: HIGH COMPLEXITY	
<input type="checkbox"/>	99231	F/U INPATIENT: <15 MIN - LOW COMPLEXITY	
<input type="checkbox"/>	99232	F/U INPATIENT: <25 MIN - MOD COMPLEXITY	

<input type="checkbox"/>	99233	F/U INPATIENT: <35 MIN - HIGH COMPLEXTY	
<input type="checkbox"/>	99262	F/U INPATIENT CONSULT: COMPLICATIONS	
<input type="checkbox"/>	Q0114	FERN TESTING	
<input type="checkbox"/>	58558	HYSTRSCPY: BIOPSY UTERUS +/- D&C	
<input type="checkbox"/>	56405	I&D OF VULVA / PERINEUM	
<input type="checkbox"/>	58662	LAP OOPHERECTOMY +/- SALPINGECTOMY	
<input type="checkbox"/>	58673	LAPARO, SALPINGOSTOMY	
<input type="checkbox"/>	58661	LAPAROSCOPY, REMOVE ADNEXA	
<input type="checkbox"/>	58550	LAPAROSCOPY, VAG HYSTERECT < 250gm	
<input type="checkbox"/>	58553	LAPAROSCOPY, VAG HYSTERECT > 250gm	
<input type="checkbox"/>	58660	LAPAROSCOPY, LYSIS	
<input type="checkbox"/>	58146	MYOMECTOMY UTERUS > 250gm	
<input type="checkbox"/>	58140	MYOMECTOMY UTERUS < 250gm	
<input type="checkbox"/>	99254	NEW I&P CONSULT - MOD COMPLEXITY	
<input type="checkbox"/>	99253	NEW I&P CONSULT - LOW COMPLEXITY	
<input type="checkbox"/>	99255	NEW I&P CONSULT - HIGH COMPLEXITY	
<input type="checkbox"/>	83986	NITRAZINE	
<input type="checkbox"/>	59510	OB CARE + CESAREAN / GLOBAL	
<input type="checkbox"/>	59400	OB CARE + VAGINAL DELIVERY (GLOBAL)	
<input type="checkbox"/>	58943	OOPHORECTOMY: OVARIAN MALIGNANCY	
<input type="checkbox"/>	58940	OOPHORECTOMY	
<input type="checkbox"/>	57410	PELVIC EXAM UNDER ANESTHESIA	
<input type="checkbox"/>	58301	REM INTRAUTERINE DEVICE	
<input type="checkbox"/>	57530	REMOVAL CERVIX - CERVICECTOMY	
<input type="checkbox"/>	58760	REMOVAL TUBAL OBSTRUCTION	
<input type="checkbox"/>	59871	REMOVE CERCLAGE SUTURE	
<input type="checkbox"/>	58925	REMOVE OVARIAN CYST(S)	
<input type="checkbox"/>	59525	REMOVE UTERUS AFTER CESAREAN	
<input type="checkbox"/>	58520	REPAIR RUPTURED UTERUS	
<input type="checkbox"/>	58180	SUPRACERV ABDOMINAL HYSTERECTOMY	
<input type="checkbox"/>	59820	SURG CARE: 1ST TRIMESTER	
<input type="checkbox"/>	59821	SURG CARE: 2ND TRIMESTER / MISCARIAG	
<input type="checkbox"/>	56440	SURGERY FOR VULVA LESION	
<input type="checkbox"/>	59812	SURGICAL CARE AFTER MISCARRIAGE	
<input type="checkbox"/>	58150	TOTAL ABDOMINAL HYSTERECTOMY	
<input type="checkbox"/>	59830	TREAT UTERUS INFECTION	
<b>-- continued on back of sheet --</b>			

