

POLK COUNTY HEALTH DEPARTMENT

1907 Carpenter Ave, Des Moines, IA 50314

NPI Number: 1588674675

Name: _____

Address: _____

City/State/Zip: _____

- Sandra Scholten, FNP-BC
- Carlos Alarcon, M.D.
- Other _____

X

<input type="checkbox"/> Medicare	<input type="checkbox"/> VFC
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Alt Payor
<input type="checkbox"/> Insurance	Payor Name _____

Preventive/Physical Diagnosis			Immunization Admin.	Fee	Immunizations	DX	CPT	Fee	
Routine Health Check	<input type="checkbox"/> V20.2		Immun. Admin		D TAP (Daptacel)	V06.1	90700	25	
School/Sports	<input type="checkbox"/> V70.3		single	<input type="checkbox"/> 90471	DT	V06.5	90702	35	
Employment	<input type="checkbox"/> V70.5		Immun. Admin		Dtap-IPV-HepB-Pediarix	V06.3	90723	65	
Other	<input type="checkbox"/>		Each Addtl.	<input type="checkbox"/> 90472	Dtap-IPV-Hib-Pentacel	V06.8	90698	85	
Preventive Care- Child	New	Fee	x _____		Dtap-IPV-Kinrix	V06.3	90696	40	
Well Child <1yr	<input type="checkbox"/> 99381	20	Immune Admin		Hib-ActHib	V03.81	90648	30	
Well Child 1-4 yr	<input type="checkbox"/> 99382	20	oral/nasal	<input type="checkbox"/> 90473	Hib-Pedvax	V03.81	90647	30	
Well Child 5-11 yr	<input type="checkbox"/> 99383	20	Immune Admin		Hib-HepB-Comvax	V06.8	90748	55	
Well Child 12-17 yr	<input type="checkbox"/> 99384	20	Non Med VFC Peds	<input type="checkbox"/> 90471	HPV-Gardasil - each	V05.8	90649	150	
Preventive Care-Child	Established	Fee			Hep A Adult -each	V05.3	90632	45	
Well Child <1yr	<input type="checkbox"/> 99391	20	Oral Screens	Fee	Hep A Peds	V05.3	90633	35	
Well Child 1-4 yr	<input type="checkbox"/> 99392	20	Init. Oral Screen	<input type="checkbox"/> D0150	Hep A/B (Twinrix) -each	V05.3	90636	55	
Well Child 5-11 yr	<input type="checkbox"/> 99393	20	Per. Oral Screen	<input type="checkbox"/> D0120	Hep B -each	V05.3	90746	45	
Well Child 12-17 yr	<input type="checkbox"/> 99394	20	Topical Fluoride	D1206	Hep B Peds	V02.61	90744	25	
			Varnish	<input type="checkbox"/>	Hep A (GRANT)			N/C	
Preventive Care-Adult		Fee			Hep B (GRANT)			N/C	
Well Adult 18-39 yr	<input type="checkbox"/> 99385	30	Pregnancy Testing	Fee	Twinrix (GRANT)			N/C	
Well Adult 40-64 yr	<input type="checkbox"/> 99386	30	Pregnancy test	<input type="checkbox"/> 81025	Influenza 6-35m	V04.81	90657	15	
Well Adult 65+ yr	<input type="checkbox"/> 99387	30	Positive	<input type="checkbox"/> V72.42	Influenza 6-35m no pres.	V04.81	90655	15	
Family Planning		Fee	Negative	<input type="checkbox"/> V72.41	Influenza 3+(Afluria)	V04.81	Q2035	15	
Pap Smear	<input type="checkbox"/>	20	Amenorrhea	<input type="checkbox"/> 626.0	Influenza 3+ (Fluaval)	V04.81	Q2036	15	
Depo Provera Shot	<input type="checkbox"/>	30	No Charge Labs		Influenza 3+ (Fluvirin)	V04.81	Q2037	15	
OCP (pills/month)	<input type="checkbox"/>	20	Lead (0-6 yr)	<input type="checkbox"/>	Influenza 3+ (Fluzone)	V04.81	Q2038	15	
Ortho Evra (patch/month)	<input type="checkbox"/>	60	Cholesterol	<input type="checkbox"/>	Influenza 3+ (NOS)	V04.81	Q2039	15	
Plan B	<input type="checkbox"/>	37	Glucose	<input type="checkbox"/>	Influenza Nasal Mist	V04.81	90660	15	
Miscellaneous		Fee	A1C (pchd pt.)	<input type="checkbox"/>	Japan. Enceph. 2/3ea	V05.0	90738	225/115	
Out of county STD	<input type="checkbox"/>	15	HIV Rapid 1/2	<input type="checkbox"/> Grant	Malaria Prescription			N/C	
Radon Test Kit	<input type="checkbox"/>	6	Hep B	<input type="checkbox"/> Grant	Meningitis - Menactra	V03.89	90734	120	
Green Card Paperwork	<input type="checkbox"/>	10	Hep C	<input type="checkbox"/> Grant	Meningitis-Menamune	V03.9	90733	120	
Urgent care office visit	<input type="checkbox"/>	10	Hemoglobin	<input type="checkbox"/>	MMR	V06.4	90707	60	
Chronic care office visit	<input type="checkbox"/>	N/C	Other _____	<input type="checkbox"/>	MMRV	V06.8	90710	155	
Bone Density	<input type="checkbox"/>	10			PCV 7 - Prevnar Peds	V03.02	90669	100	
Glucose Strips	<input type="checkbox"/>	12			Pneumonia	V03.82	90732	35	
EKG	<input type="checkbox"/>				Pneumovac <5 yr old	V03.82	90732	35	
Spirometry	<input type="checkbox"/>				Polio IPV	V04.0	90713	50	
Labs	DX		CPT Code		Fee				
Lipid Panel	V77.91	<input type="checkbox"/>	80061		15	Rabies -each	V04.5	90675	230
Drug Screen (Urine)	V70.4	<input type="checkbox"/>	80101		35	Rotavirus-Rotqateq (3 ds.	V04.89	90680	85
Hepatitis B surf. Ab titer	V73.99	<input type="checkbox"/>	86705		40	Rotavirus-Rotatrix (2 ds.)	V04.89	90681	115
Hepatitis B Antigen blood	573.1	<input type="checkbox"/>	90746		15	TB skin Tst & Rd	V74.1	86580	20
Hepatitis C only	V73.99	<input type="checkbox"/>	86803		20	Td - Tetanus/Diphtheria	V06.5	90714	30
Herpes 1 Antibody	V01.6	<input type="checkbox"/>	86695		15	Tdap - Boostrix	V06.8	90715	45
Herpes 2 Antibody	V01.6	<input type="checkbox"/>	86696		15	Typhoid Oral	V03.1	90690	60
Herpes 1/2 Antibody	V01.6	<input type="checkbox"/>	87530		30	Typhoid Shot	V03.1	90691	60
Herpes 2 Rapid	V01.6	<input type="checkbox"/>	86696		15	Varicella	V05.4	90716	85
HIV Rapid 1/2	V01.6	<input type="checkbox"/>	86703		25	Yellow Fever	V04.4	90717	90
A1C (Non PCHD patient)	250.0	<input type="checkbox"/>	83036		20	Zostavax	V05.8	90736	175
PSA	V70.0	<input type="checkbox"/>	84152		40				
LFT	V70.0	<input type="checkbox"/>	80076		20	Donation	<input type="checkbox"/> Subtotal: _____		
TSH	V70.0	<input type="checkbox"/>	84443		20	Hardship	<input type="checkbox"/> Copay Amount: _____		
MMR Titer	V06.4	<input type="checkbox"/>	90707		35	Amount Patient Paid: _____			
Varicella Titer	V01.71	<input type="checkbox"/>	90716		15	AI IT STD			
Other Lab: _____	<input type="checkbox"/>					SP OP CI	Cash	Check	
						Lab BCC Radon Kt		Charge	
Follow up appointment _____									
						Initials: _____	Bill to Insurance: _____		