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Building A
Austin, Texas 78759
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EIN# 84-3167092
NPI# 1699162115

Patient Information

Patient Name: _____
Address _____
City _____
State _____ Zip _____
Insurance Company: _____
Group # _____
Insured ID# _____
Relationship: () Self () Child () Spouse () Other
Date of policy onset: _____

Medical Records Release: I authorize the release of any medical information necessary to process this claim

Signature: _____

Diagnosis: ICD-10

Breast Diseases

- () N64.4 Breast Pain / Mastalgia / Mastodynia
- () N64.9 Breast Disorder, unspecified
- () N61 Breast Abscess
- () N61 Mastitis, unspecified or nonpurulent
- () N64.89 Engorgement of Breasts
- () O92.3 Insufficient Lactation
- () N64.3 Galactorrhea, not childbirth

Menstrual/Gynecological Disorder

- () N80.0 Endometriosis, uterus
- () N80.1 Endometriosis, ovary
- () N80.9 Endometriosis, unspecified location
- () N94.1 Dyspareunia; Painful Intercourse
- () N94.0 Mittelschmerz; Ovulation Pain

- () N94.6 Dysmenorrhea; Menstrual Pain
- () N94.3 Premenstrual Tension Syndrome; PMS
- () N39.3 Stress Incontinence, Female or Male
- () N93.8 Dysfunctional Uterine Bleeding
- () N91.2 Amenorrhea
- () N91.5 Oligomenorrhea; Scant Menses
- () N92.0 Menorrhagia; Polymenorrhea
- () N92.6 Irregular Menstrual Cycle
- () N92.3 Ovulation Bleeding
- () N92.6 Abnormal Bleeding, Irregular Cycle, unspecified
- () N95.9 Menopausal & Perimenopausal, unspecified
- () N96 RPL, without current pregnancy

Obstetric Disorders

- () O20.8 Hemorrhage, pregnancy before 20wks.
- () O20.0 Threatened Miscarriage, unspecified
- () O21.1 Hyperemesis Gravidarum
- () R11.0 Nausea (no vomiting)
- () O60.00 Preterm labor w/out delivery (unspec. Trimester)
- () O26.21 RPL, currently pregnant, 1st trimester
- () O26.22 RPL, currently pregnant, 2nd trimester
- () O26.23 RPL, currently pregnant, 3rd trimester
- () O12.00 Edema, during pregnancy
- () O14.9 Pre-eclampsia, unspecified, unspecified trimester
- () O99.810 Abnormal Glucose in Pregnancy, unspecified

Endocrine Disorders

- () E03.9 Hypothyroidism (unspecified, acquired)
- () E06.3 Thyroiditis; Hashimoto's
- () E28.2 Polycystic Ovaries
- () E28.9 Unspecified Ovarian Dysfunction
- () E28.39 Primary Ovarian Failure
- () E34.9 Endocrine Disorder, unspecified

Urologic / Andrologic Disorders

- () E29.9 Testicular Dysfunction, unspecified
- () I86.1 Varicocele
- () N43.40 Spermatocele
- () N49.9 Inflammatory Male Genital Disorder
- () N46.9 Male infertility, unspecified

Psychological Disorders

- () F33.9 Major Depression, recurrent
- () F32.8 Other Depressive Disorders

Other

- () I10 Hypertension, unspecified
- () J30.9 Allergic Rhinitis, unspecified
- () R19.7 Diarrhea
- () R10.9 Abdominal Pain, unspecified site

- () K30 Gastric Pain, Acid Reflux, Indigestion
- () K59.00 Constipation, unspecified
- () K58.0 Irritable Bowel w/ Diarrhea
- () F43.8 Stress Reaction
- () R35.1 Nocturia
- () G47.00 Insomnia, unspecified
- () R61 Night sweats
- () N95.1 Menopausal, symptomatic
- () R53.83 Fatigue, unspecified

Pain

- () G43.909 Migraine, unspecified
- () R51 Headache, unspecified
- () M54.2 Cervicalgia; Neck pain
- () M54.6 Thoracic Back Pain
- () M54.5 Low Back Pain (lumbago)
- () M25.519 Shoulder Pain, unspecified
- () M25.539 Elbow & Arm Pain, unspecified
- () M25.539 Wrist & Hand Pain, unspecified
- () M25.559 Hip Pain, unspecified
- () M25.569 Knee & Upper Leg Pain
- () M25.579 Ankle & Foot Pain
- () M54.30 Sciatica
- () R68.84 Jaw Pain
- () M26.60 TMJ, unspecified
- () _____

CPT Codes

- () 99203 Office Visit - New Patient
- () 97810 Office Visit - Established Patient
- () _____
- () _____
- () _____
- () _____

Financial Status:

Today's Charges \$ _____
Payment Received \$ _____
Current Balance \$ _____

Date of service: _____

Provider's Signature: _____

NAME: Marisa Kahlich
LIC No.: AC01591