

## ENCOUNTER LOG

Patient: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician: \_\_\_\_\_

Calendar Year: \_\_\_\_\_

DATE	SERVICE PROVIDED	CONTACT NAME / AGENCY	START TIME	END TIME	TOTAL MIN	MONTHLY SUBTOTAL

- A Regular physician development and / or revision of care plans
- B Review of subsequent reports of patient status
- C Review of related laboratory and other studies
- D Communication with other health care professionals involved in patient's care
- E Integration of new information into the medical treatment plan and / or adjustment of medical therapy
- F Other (Attach additional explanatory materials on the services provided).

99374 15-29 minutes per month

99375 > 30 min