

**Phone Encounter
Charge Sheet**

Patient Name: _____

DOB: _____

Topics Discussed: _____

Call Date: _____

Call Start time: _____

Call End Time: _____

Services may NOT be billed if related E&M services were rendered within 7 days prior to this date or if this call resulted in a visit within 24 hours (or next available urgent appointment)

Diagnoses: _____

____ 99441

Telephone E&M by MD; estab pt, parent, or guardian **5-10 minutes** of medical discussion

____ 99442

Telephone E&M by MD; estab pt, parent, or guardian **11-20 minutes** of medical discussion

____ 99443

Telephone E&M by MD; estab pt, parent, or guardian **21-30 minutes** of medical discussion

Provider Signature: _____

Patient Name: _____

DOB: _____

Topics Discussed: _____

Call Date: _____

Call Start time: _____

Call End Time: _____

Services may NOT be billed if related E&M services were rendered within 7 days prior to this date or if this call resulted in a visit within 24 hours (or next available urgent appointment)

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Patient Name: _____

Patient Name: _____

DOB: _____

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