



1500005

PLACE LABEL

IF LABEL NOT AVAILABLE. WRITE IN PT NAME &amp;

## Downtime Encounter Form- Ambulatory

Patient Name				Clinic (Epic Dept)			
Medical Record #		Account #		Division		Div. #	
Date of Service		Provider		Hospital #		Billing Area #	
Referring Physician				Auth #			
Injury Date		Injury Time		Injury Type		LMP	
						Onset:	
FSC List							
<b>Outpatient visits</b>							
<b>NEW PATIENT OFFICE VISITS</b>				<b>ESTABLISHED PATIENT OFFICE VISITS</b>		<b>CONSULTATIONS (OFFICE)</b>	
	Code	History & Exam / Decision Making			Code	History & Exam / Decision Making	
	99201	Problem Focused / Straightforward			99211	Minimal	
	99202	Expanded Prob Foc / Straightforward			99212	Problem Focused / Straightforward	
	99203	Detailed / Low Complexity			99213	Expanded Prob Foc / Low	
	99204	Comprehensive / Moderate			99214	Detailed / Moderate Complexity	
	99205	Comprehensive / High Complexity			99215	Comprehensive / High Complexity	
	99024	Post Op / Post Procedure					
<b>OTHER SERVICE / PROCEDURES (Write In)</b>							
<b>Diagnoses (Write In)</b>							
Primary DX (1)							
2							
3							
4							
5							
6							
<b>Return Appointment / Other Instructions</b>							
Resident/Fellow/LIP Signature/PIC				Attending/Provider Signature/PIC			Seen by: <input type="checkbox"/> Attending Only <input type="checkbox"/> Attend w/ Resident (GC) <input type="checkbox"/> Resident Only (ZR)