

M. V. P. BILLING FORM

• 516-791-5630 •

J. SKLAR COMPUTERS • P.O. BOX 340 • VALLEY STREAM, NY 11582

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M. V. P. Provider: Account: _____ **PROVIDER NAME:** _____

PATIENT: LAST NAME: _____ **FIRST NAME:** _____

I.D. # - **DOB:** **Sex:** M F

DATE OF SERVICE

Diagnosis: (Optional) Blurred Vision (Default) H538

REPLACEMENT?

Myopia: H52.13 **Hyperopia:** H52.03 **Astigm:** H52.223 **Presbyopia:** H52.4
 Allergy: H10.45 Asthenopia: H57.13 Blepharitis: H01.3029
 Cataract: H25.1_ Conjunctivitis: H10.1_ Diabetes: E11.9
 Dry Eye: H04.123 Epiphora: H04.21_ Headache: G43.b0
 Glaucoma H40.01_ Glaucoma: H40.11_ Glaucoma : H40.11x2
 Mac Degen-dry H35.1 Mac Degen-wet H35.32 Mac Drusen H35.36_

CIRCLE CODE(S) FOR SERVICES RENDERED:

Key	CPT CODE	DESCRIPTION	FEE	TIMES (optional) / Comments
f1	92002	Eye Exam - New, Intermediate	\$82.19	
f2	92004	Eye Exam - New, Comprehensive	\$150.73	
-f1	92012	Eye Exam - Established, Intermediate	\$86.46	
-f2	92014	Eye Exam - Established, Comprehensive	\$125.25	
-r	92015	Refraction	\$20.10	
-f8	92082	Visual Field - level 2	\$49.17	
a-f8	92083	Visual Field - level 3	\$65.32	
-y	76514	(y) PACHIMETRY	\$30.00	
-a	92132	OCT - ANTERIOR	\$45.00	
-o	92133	OCT - OPTIC NERVE	\$45.00	
	92018	New Exam & Treatment	\$147.86	
	92019	Eye Exam & Treatment	\$73.57	
-g	92020	Special Eye Evaluation / Gonioscopy	\$27.28	
	92025	Corneal Topography	\$38.40	
-l	92060	Special Eye Examination / VT Evaluation	\$66.04	
-l	92201	Ophthalmoscopy * (!! Do not Bill with Photos !!)	\$38.50	
-p	92230	PHOTO - Eye Exam with Retinal Photo	\$58.50	
a-p	92235	PHOTO - Eye Exam with Flourescein Photo	\$86.85	
f3	V2100	LENSES - SINGLE VISION	\$30.00	2
-f3	V2200	LENSES - BIFOCAL	\$30.00	2
-f	V2020	FRAME	\$30.00	