

DEPARTMENT OF MEDICINE
In-Patient Billing Form

Date Submitted _____

Place Patient Label here	Date of Service: _____ inpt hosp				Diagnosis Code
	Admission	f/u Visits	Discharge	Consultation	
	99221 (30 min)	99231 (15)	99238 (< 30)	99251 (20)	
	99222 (50 min)	99232 (25)	99239 (> 30)	99252 (40)	
	99223 (70 min)	99233 (35)		99253 (55)	
				99254 (80)	
	Other CPT Code:			99255 (110)	
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Physician Name and Signature _____