Encounter Form

Patient information		**Payment information**	
Patient name: Angela Cure	Age: 41	Primary ID #: 123456789	Primary group #: G12345
Gender: F	Phone number: 555-123-4567	Secondary ID #: 987654321	Secondary group #: G98765
Address: 81 Bull St, Chicago IL		Payment method: Insurance	
Provider information		**Insurance information**	
Name of provider: Jane Allens, MD		Insurance carrier: Blue Cross Blue Shield	Insurance plan: PPO
Address: 456 Oak Avenue Springfield, IL 62703		Policy number: BC12345	Group number: GR56789
Phone number: 555-987-6543	Email: jane@md.org	Social security #: XXX-XX-7890	Copay: $25
Visit information			
Type of visit: ◯ Initial ◉ Follow up ◯ Emergency ◯ Other:		Date of visit: November 22, 2024	Time of visit: 10:30AM
History of present illness			
Location of problem: Lower back		Nature of problem: Chronic pain	
Severity: ◯ Mild ◉ Moderate ◯ Severe ◯ Other:		Duration: 3 months	Timing: ntermittent
Modifying factors:		Associated symptoms:	
Physical therapy and over-the-counter medication help reduce pain.		Limited mobility and occasional numbness in the legs.	

Past medical history	
Medical conditions:	Surgeries:
Hypertension, Type 2 Diabetes	Appendectomy (2010), Knee arthroscopy (2018)
Allergies:	Medications:
Penicillin, Latex	Metformin 500 mg, Lisinopril 10 mg

List of services provided

Service	Description	Provider	Remark
Consultation	Follow-up evaluation	Jane Allens, MD	
Physical therapy	Mobility improvement	PT department	

Diagnoses	
ICD code	**Diagnosis/description**
M54.5	Low back pain
E11.9	Type 2 Diabetes without complications

Procedures						
CPT code	**Description**	**Modifier**	**Units**	**Fee**	**Amount paid**	**Amount due**
99214	Follow-up consultation	N/A	1	$150	$25	$125
97110	Physical therapy	N/A		$90	$0	$90

Total charges: $240 **Total paid:** $25 **Total due:** $215