Patien: Age Parent Mailing Name Birth D Policy E-mail I certify the Cei	t's Nam ts Mothe t or Gua g Addres	e/ er's Maiden Na Race _	me:						Visit Date		• • • • • • • • • • • • • • • • • • • •	
Patient Age Parent Mailing Name Birth D Policy E-mail I certify the Cer	ts Motho t or Gua g Addres	er's Maiden Na _ Race	me:									
Age Parent Mailing Name Birth D Policy E-mail I certify the Cei	or Gua	Race _										
Parent Mailing Name Birth D Policy E-mail I certify the Cer	or Gua g Addre				Sex M	F	Pho	ne Ni	ımber ())	-	
Mailing Name Birth D Policy E-mail I certify the Cei	g Addres	rdian						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
Name Birth D Policy E-mail I certify the Cer		ruiaii					City	, Stat				
Birth D Policy E-mail I certify the Cer	Mailing Address							City, State, Zip				
Policy E-mail I certify the Cer	Name of Insurance							Name of Insured				
E-mail I certify the Cer	Birth Date of Insured							Relation to Insured:Group #				
I certify the Cer	Policy #: E-mail address											
i unuei	y that the ntral Utah	information I have p Public Health Dep	orovided is tro artment may	ue and ac	curate. I c	onsent to examinate the Central Utah	Public	Health	is, testing, services an Department to bill my e payment of these se	Medicaid, Medic		
	pı	ractices for the	how CUPH informatio	ID may n we co	use or d	isclose your inf retain. This no	ormat otice in	tion. C n not	edgement of Rec CUPHD is required comprehensive; h	l to inform yo owever addit	ional	
INITI		nderstand that							TIDS S Notice of	-		
Signatu	ure		*****	*****	**EOD	Date	FON	MT X74	Relationsh	ip to Patient		
			Pover	ty Level	**FOR :: ↓100%	1019 1019	Æ ON %-200	NLY')%	†200%			
FAMILY	/ PLANNIN	IG	AMOUNT									
31025	Z32.00	Preg Test Urine +		LABOR	ATORY		AMO	UNT				
99204	Z30.02	Initial	\$15	83655	Z13.88	Lead Test	;	\$20	North S	5anpete	South Sanpete	
9215	Z30.02	Annual	\$15	81025	Z32.00	Pregnancy Test (01	B) + -	\$10	I	Wayne Piu		
9401	Z30.02	Est Brief		81002	Z13.89	Urinalysis	;	\$10	East A	Nillard	West Millard	
35014	Z30.02	HCT		83036	Z13.0	Hemoglobin		\$10				
3P/W	Z30.02			BP/W		Blood Press/Weight						
P SUPP	LIES REC	:'D	AMOUNT	82948	Z13.1	Glucose	:	\$10	Allergies:			
4267	Z30.09	Condoms		83036	Z13.1	A1C		\$18	Aneigies.			
J1050	Z30.09	Depo Inject	\$20	99201	A56.2	Std-test Confi <25		\$25				
S4993	Z30.09	Oral Contraceptives	\$ 5	99201	A64	Std-test Confi <25		\$25	Comments:			
J7303	Z30.09	NuvaRing	\$20	99201	A56.2	Std-test Confi >25		\$45				
J7297	Z30.09	Liletta IUD	\$50	99201	A64	Std Test Confi >25			Nurse/Provider:			
7304 Z30.09		Patch	\$20	HEP C Z11		Hepatitis C Test	\$20		PAYMENT SECTION			
CHEC/MEDICAID					•	ill Insurance-Self-Pay	• •		Total Charge:			
99381	Z00.129	New Child <1		EARLY	CHILD MEI	DICAID/TMC	AMC	DUNT				
9391	Z00.129	Est Child <1		T1023	Z71.89	TCM-Initial 0-1			Amount Received:			
99382	Z00.129	New Child 1-4		T1017	Z71.89	TCM-follow-up	Units		Total Owing:			
99392	Z00.129	Est Child 1-4		S9453	Z87.891	Smoking Cess. Fac			Total Owing:			
99383	Z00.129	New Child 5-11		S9453	Z87.891	Smoking Telephone	•		Receipt #:			
99393	Z00.129	Est Child 5-11		BRIGHT	T BEGINNIN	IGS					CREDIT	
PRENAT	AL-BABY	YOUR BABY	AMOUNT	99341	Z71.89	20 minutes			CASH	CHECK	CARD	
Γ1017	Z34.00	Telephone Visit	Units	99342	Z71.89	30 minutes			MEDICAID	MEDICARE	PCN	
Γ1017	Z34.00	•	Units	99343	Z71.89	45 minutes			MEDICAID	MEDICARE	1011	
Γ1017	Z34.00	Home Visit	Units	99344	Z71.89	60 minutes			CHIP	INSURANCE	CONTRACT	
31025	Z32.01	Pregnancy Test		99345	Z71.89	75 minutes						
Risk Reduction Health AMOU				WELL CHILD			AMC	DUNT	BILL ORGANIZATION:			
33718	Z13.220	Cholesterol Test	\$20	99381	Z00.129	New Child <1	\$60	0				
BP	Z13.220	Blood Pressure Scrr		99391	Z00.129	Est Child <1	\$50	0	ORG. ADDRESS:			
543		Education		99382	Z00.129	New Child 1-4	\$65					
	F17.200	Smoking Cessation	\$25	99392	Z00.129	Est Child 1-4	\$55					
-		Smoking Cessation		99383	Z00.129	New Child 5-11	\$65		Employee Signature:			
552		Tobacco Handlers C		99393 HOME E	Z00.129	Est Child 5-11	\$55	5	PAYMENT: COMPUTER:			