

Phone Encounter  
Charge Sheet

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Call Date: \_\_\_\_\_

Call Start time: \_\_\_\_\_

Call End Time: \_\_\_\_\_

Topics Discussed:

*Services may NOT be billed if related E&M services were rendered within 7 days prior to this date or if this call resulted in a visit within 24 hours (or next available urgent appointment)*

Diagnoses: \_\_\_\_\_

\_\_\_\_ 99441

Telephone E&M by MD; estab pt, parent, or guardian **5-10 minutes** of medical discussion

\_\_\_\_ 99442

Telephone E&M by MD; estab pt, parent, or guardian **11-20 minutes** of medical discussion

\_\_\_\_ 99443

Telephone E&M by MD; estab pt, parent, or guardian **21-30 minutes** of medical discussion

Provider Signature: \_\_\_\_\_

Patient Name: \_\_\_\_\_

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