



PATIENT NAME:
 MRN#:
 LOCATION:
 DATE:

Cosmetic CPT	ICD-10	Procedure	Fee	Total
Office Visits				
9938285		Clinic Visit - Preventative 1-4 Years	\$60	
9938385		Clinic Visit - Preventative 5-11 Years	\$60	
9938485		Clinic Visit - Preventative 12-17 Years	\$60	
9938585		Clinic Visit - Preventative 18-39 Years	\$60	
9938685		Clinic Visit - Preventative 40-64 Years	\$60	
9938785		Clinic Visit - Preventative 65+ Years	\$60	
ANC101		Clinic Visit - No Charge	\$0	
Vaccines				
9071785	Z23	Yellow Fever Vaccine	\$292	
9069185	Z23	Typhim V1	\$162	
9063285	Z23	Hepatitis A Vaccine Adult	\$50	
9063385	Z23	Hepatitis A Vaccine Peds/Adolescent	\$50	
9028185	Z23	Gamma Globulin	\$34	
9071485	Z23	Diphtheria-Tetanus	\$24	
9071585	Z23	Tetanus, Diphtheria, A Pertussis (Tdap)	\$50	
9071385	Z23	Polio Vaccine Injection	\$60	
9070785	Z23	Measles, Mumps, Rubella Vaccine	\$56	
9073485	Z23	Meningococcal Vaccine (conjugated)	\$124	
9073385	Z23	Meningococcal Vaccine (polysaccharide)	\$124	
9074685	Z23	Hepatitis B	\$22	
9067585	Z23	Rabies	\$402	
9073885	Z23	Japanese Encephalitis Vaccine	\$322	
9065885	Z23	Influenza Vaccine	\$15	
9074985	Z23	Vimkunya Vaccine	\$270	
9074985	Z23	Other Immunization		

Method of payment:

MC _____
 Visa _____
 Cash _____
 Check _____

Remit any Balance Due to:
 The Metrohealth System
 PO Box 931844
 Cleveland, Ohio 44193

Total Charges: _____
 Total Payment Received: _____
 Balance Due: _____

Other _____ (include copy of invoice)