

Place label here

Last Name	First Name	Physician (Your Name)	Referring MD
DOB: DD/MM/YYYY	ULI / OOP HCN	Admit Date: DD/MM/YYYY	Location

Service Date DD/MM/YYYY	ENC #	HSC x Calls eg. 03.08AZ x 1	Modifier eg. CMXC30	Diag. Code eg. 756.0
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Quick picks
03.03D <input type="checkbox"/> COINPT <input type="checkbox"/> TOC <input type="checkbox"/> 03.05A _____ calls 03.03AO <input type="checkbox"/> 03.03AU <input type="checkbox"/> Weekday 03.01NG <input type="checkbox"/> Evening/weekend 03.01NH <input type="checkbox"/> Night time 03.01NI <input type="checkbox"/> 03.08AZ <input type="checkbox"/> CMXC30 <input type="checkbox"/> 03.07AZ <input type="checkbox"/> CMXV20 <input type="checkbox"/> /35 <input type="checkbox"/> Eligible Specialty Only <input type="checkbox"/> Family MED <input type="checkbox"/> CMXV15 <input type="checkbox"/> /30 <input type="checkbox"/> CMGP <input type="checkbox"/> TEV <input type="checkbox"/> TWK <input type="checkbox"/> NTMP <input type="checkbox"/> NTAM <input type="checkbox"/>
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- Tips: 03.01AA - After hours**
- TEV (1700 - 2200) per 15 mins - max 20
 - TNTP (2200 - 2400) per 15 mins - max 8
 - TNTP (2400 - 0700) per 15 mins - max 28
 - TWK (0700 - 2200) per 15 mins - max 60
 - TST (0700 - 2200/stat holidays) per 15 mins - max 8
 - TDES (0700 - 2200/des. stat holidays) per 15 mins - max 8