This form is for accounting and reporting of information. Please fill it out accurately and completely. The following will give you some help:

1. Provider block – make sure your name is in this block.
2. Ins. Code – will specify the patient’s pay category.
3. Date – self-explanatory.
5. Quantity (Qty) – enter the number of each procedures accomplished.
6. Description – lists 177 different ADA & CHCI procedures most likely to be performed in this clinic.
7. Blank spaces are for writing in procedures not listed. For example: what and how much medication was prescribed.
8. Code – corresponds to the ADA codes, there are some codes that consolidate ADA codes and other codes are specific to CHCI.
9. Amount – to be completed by reception personnel.
10. Account Status – to be completed by reception personnel.
11. Disposition – Next appointment: what do you plan to do next time
   - With (provider): length of appointment next time.
   - Time need: length of appointment next time.
   - Additional Instructions:
     for prepaid patients you should list the procedure codes you intend to do next time. This will help reception personnel give the patient an estimate of the fees for next visit.