

DR Name \_\_\_\_\_

Date submitted \_\_\_\_\_

DOS	label or Pt name and PH#	DOB	Fee Codes	# services	Dx/ICD9 Codes	Times and Notes – as applicable	Other Notes / referral doctor name/#, loc code
_____ _____ _____ _____ _____							
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_____ _____ _____ _____ _____							

Please note - please do not combine billings for newborns and moms. Use separate boxes/sections for each. Thank you.