Shift for Dr. _____   Date of Service_____

Patient #1 Label or information

Called from off site? Y N	Called from on site? Y N
Time called:	With Pt from:
Time arrived:	Left Pt at:
Call in fee code:	Cont Care fee code:
	Was this ccfpp?
Visit code:	Dx:
Proc code:	Dx:
Proc code:	Dx:

Notes:

Patient #2 Label or information

Called from off site? Y N	Called from on site? Y N
Time called:	With Pt from:
Time arrived:	Left Pt at:
Call in fee code:	Cont Care fee code:
	Was this ccfpp?
Visit code:	Dx:
Proc code:	Dx:
Proc code:	Dx:

Notes:

Patient #3 Label or information

Called from off site? Y N	Called from on site? Y N
Time called:	With Pt from:
Time arrived:	Left Pt at:
Call in fee code:	Cont Care fee code:
	Was this ccfpp?
Visit code:	Dx:
Proc code:	Dx:
Proc code:	Dx:

Notes:

Patient #4 Label or information

Called from off site? Y N	Called from on site? Y N
Time called:	With Pt from:
Time arrived:	Left Pt at:
Call in fee code:	Cont Care fee code:
	Was this ccfpp?
Visit code:	Dx:
Proc code:	Dx:
Proc code:	Dx:

Notes:

Please note that start and end times for on site on call codes are time called to time care ends. ccfpp is only applicable if continuing care is payable. Cont care is only payable if 45 min or more when billed with a call in or 15 min or more if ccfpp. For multiple Pts in a block of time, cont care is billed to the last Pt in the half hour block.