

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

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

<b>DOS</b>	<b>label or Pt name and PH#</b>	<b>DOB</b>	<b>Fee Codes</b>	<b># services</b>	<b>Dx/ICD9 Codes</b>	<b>Times and Notes – as applicable</b>	<b>Other Notes / referral doctor name/#, loc code</b>
<b>DOS</b>	<b>label or Pt name and PH#</b>	<b>DOB</b>	<b>Fee Codes</b>	<b># services</b>	<b>Dx/ICD9 Codes</b>	<b>Times and Notes – as applicable</b>	<b>Other Notes / referral doctor name/#, loc code</b>
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Please note - please do not combine billings for newborns and moms. Use separate boxes/sections for each. Thank you.