

**DuPage Neurology & Wellness Center
Patient Demographic Information**

Full Name: _____
Street Address: _____
City: _____
State: _____ Zip Code: _____
D.O.B: _____ Sex: M F
Marital Status: _____

Contact Information
Home phone: _____
Mobile phone: _____
Email address: _____
Relationship to Primary Insured: _____
Relationship to Secondary Insured: _____

Insurance Information:

Primary Insured

Same as patient

Full Name: _____
Street Address: _____
City: _____
State: _____ Zip Code: _____
D.O.B: _____ Sex: M F

Contact Information

Home phone: _____
Mobile phone: _____

Carrier Name: _____
Subscriber #: _____
Group #: _____
Effective Date: _____

Secondary Insured

Same as patient

Full Name: _____
Street Address: _____
City: _____
State: _____ Zip Code: _____
D.O.B: _____ Sex: M F

Contact Information

Home phone: _____
Mobile phone: _____

Carrier Name: _____
Subscriber #: _____
Group #: _____
Effective Date: _____

Office Use Only

BCBS representative _____ Reference # _____
 Call date _____ Co-pay: \$ _____
 Does the patient have a deductible? Y N \$ _____
 Has the deductible been met? Y N Remaining: \$ _____
 Does the patient have coinsurance? Y N

Details (Out-of-Pocket/Coinsurance/Deductibles): _____

Are diagnostic tests covered when performed by a D.C.? Y N

CPT	Description	Covered (X)
97802	Med nutrition counseling	
99358	Extended non-face to face	
99354	Extended face to face	
99381 (<1 yoa) -82 (1-4) -83 (5-11) -84 (12-17) -85 (18-39) -86 (40-64) -87 (65+)	Prev medicine new pt	
99391 (same ages)	Prev med existing pt	
99401-04	Counseling Risk factor reduction (15 min increments)	
99091	Review medical records	
87481, 87482, 87640, 87641, 87651, 87652, 87653, 87798, 87799	2105	
82492, 82656, 82715, 82725, 82784, 83630, 83986, 84478, 89055	Add for 2100	

Notes:
