[redacted] MEDICAL ASSOCIATES, P.A.

2627 NE 203 Street, suite 101 - Aventura, FL 33180 - Ph (305) 935-2452 - Fax (305) 937-2622
Tax I.D. # 65-0789834
Henriete D. Faillace, M.D.

CPT	EVALUATION MANAGEMENT	FEE
	CONSULTATION	
99203	Intermediate -New	75
99213	Intermediate – Follow-up	75
	Immigration - Adult	150
	Immigration - Child	120
	PROCEDURES	
46604	Anoscopy	20
69210	Ear Lavage	50
93000	EKG 12 leads	50
	IV Kit & access	50
90471	Immunization Adm.	15
36415	Venipuncture	15
	Spectracell	20
90772	IM Injection	15
	INJECTION	
J1100	Decadron up to 4 mg	20
J1030	Depo-Medrol 40 mg	30
J1696	Rocephin 250 mg	30
	Rocephin 500 mg	50
J1055	Depo-provera 150 mg	80
J0530	La-Biccilin	60
J1885	Toradol	30
	D5 NS ½ NS	50
	NEBULIZATION	
	MEDICATION	
	Acyclovir 400 mg	
	Alprazolam 0.5 mg	
	Amoxicillin 875 mg	
	Augmentin 875/125 mg	
	Azithromycin 250 mg	
	Azithromycin 500 mg	
	Bactrin DS	
	Cephalexin 500 mg	
	Ciprofloxacin 500 mg	

CPT	IMMUNIZATIONS	FEE
	STAT = 25.00	
90720	Hepatitis A	80
90702	DT TETANO	37
90707	MMR	75
90713	IPOL	50
90744	Hepatitis b (to ages 11)	60
90721	Pneumovax	75
90732	PPD(Tuberculin)Intradem	25 20
90744	Hepatitis B (adult)	95
90716	Varivax VARICELA	125
90733	Meningococcal	150
	Gardasil	160
	THERAPY	
94664	Aerosol Treatment	25
94665	Aerosol Treatment F/U	25
	IN HOUSE LABS	
81002	Urinalysis / Dip	10
81025	Pregnancy Test/Urine	15
82948	Occult Blood Stool	25
82948	Glucose, Blood Reag. Strip	
87210	Wet Mount	10
80403	Strep Test	15
	MEDICATION	
	Clindamycin 150 mg	
	Doxycycline 100 mg	
	Fluconazole 150 mg	
	Ketoconazole 200 mg	
	Lotrisone cream 45 grs.	
	Medrol dose pack	
	Medroxyprogesterone 10 mg	
	Metoclopramide 10 mg	
	Metronidazole 500 mg	
	Miconazole vag. cream 45 grs	
	Naproxen 550 mg	
	Nitrofurantoin 100 mg	

CPT	SURGICAL PROCED.	FEE
10060	Incision & Drainage/Single	125
10061	I & D / Compl. or multiple	180
12001	Simple Repair of skin	125
11100	Biopsy of skin lesion	100
	Cryotherapy of Skin Lesion	125
A4550	Surgical Tray	65
57454	Colposcopy c/biopsy	300
	Sclerotherapy	95
57511	Cryotherapy of Cervix	95
57460	LEEP Skin	15
57522	LEEP Cervix	600
58100	Endometrial biopsy	225
	A/P Skin	75
	ULTRASOUND	
76856	Pelvic	150
76830	Transvaginal	150
76645	Breast	150
76705	Abdominal	230
76770	Renal	150
93880	Doppler	180
93307	Echo 2 D M Mode	250
93230	Holter 24 hs	250
76536	Thyroid	
58301	IUD Insertion 130	125
99070	IUD	75
57452	IUD Removal	75
76873	Prostate	150
	MEDICATION	
	Phentermine 37.5 mg	
	Prednisone 20 mg	
	Tretinoin cream 20 grs.	
	Triple ant. cream 1 oz.	
	Clonazepam 1mg	
	Seriphos	25
	Botox	12/U
	Dysport	8/U

CPT	SENT OUT LABS	FEE
193000	ThinPrep plus Imaging	65
	+HPV-D	165
87490	Chlamydia/GCProbe	65
87621	HPV DNA Probe	140
84702	HCG Quant 45	~~40~~
86701	HIV Screen w/WB	45
86592	RPR 17	~~15~~
85025	CBC w/D/P 25	~~20~~
884765	PT-PTT	25
80053	Comp. Met. Panel JEJUM35	~~30~~ Glucose
80061	Lipid Panel JEJUM 10 H 2035	~~30~~ Colesterol
80058	Hepatic F. Panel	95
80058	Hepatitis Panel	115
82977	GGT	37
83001	FSH } Thyroid	40
83002	LH } Panel	40
84443	TSH 180. 35	~~30~~ *
82670	Estradiol	50
84144	Progesterone 95	~~90~~
84403	Testosterone 95	~~90~~
84146	Prolactin	90
80091	T3-T4-T4 Free Thyroid Panel	~~70~~ 45 *
86431	ANA 45	~~40~~
86140	C-Reactive Protein 45	~~45~~
86431	Rheumatoid Factor 30	~~25~~
86677	H-Pylori	70
94153	PSA	55
81001	UA Reflex	15
87086	Culture-Urine 45.	~~10~~
87060	Culture Throat	40
	Culture Genital	80
85015	Sed Rate 35	[redacted]
87177	Ova & Parasites	30
84560	Uric acid	35
86910	ABO + Type	25
	Saliva Test Diagnos	225
	Saliva TestSanesco	
	Hsv Types I/II IgG	150
	Hsv Types I/II IgM	100
087250	VIRAL CULTURE (HSV Culture)	[redacted]

Metoclopramide 15.00

VITAMINA B – 20.00

001503 - VIT. B12 – ~~106.00~~ 47.85

09/18/2009

DOB

VIT D – 55.00

SECONDARY INSURANCE

AUTHORIZATION #

096206 – 75.00

STREET / CITY / STATE / ZIP0

REFERRING PHYSICIAN

UPIN

DIAGNOSIS: ICD-9:

NEXT APPOINTMENT

_____Days _____Weeks _____Months

REASON FOR VISIT:

Thermage Face 1,300.00 (se divide = 1,500.00)

TOTAL CHARGES THIS DATE:

PREVIOUS BALANCE DUE:

PHYSICIAN INSTRUCTIONS/REFERRAL

PAYMENT REC'D THIS DATE:
CASH CH C.C.

COMMENTS SELF PAY

Mudox – 55.00

TOTAL BALANCE DUE:

OB → 150.00
Sono

001453
HEMOGLOBINA AIH – 60
(US-9)