



SERVICE CATALOG

[illegible]

ABOUT TEST SUB SERVICE

Patient Appointment

Schedule ID# 19 Patient Appointment 19

Name: **Ellen Fayer**

Patient Information

Date: Wednesday, 11/18/2010 Time: 11:00 AM Scheduled On: 11/18/2010

Appointment Type: **Office Visit** Procedure Time: 11:00 AM - 11:30 AM

Charges: **Unchanged** Duration: 20:00

Confirmation Note: COPD, HOC, C.A.B, B.O.S.

New patient, 11:00 AM - 11:30 AM. Call 11:00 AM. 11:30 AM.

Services

Date/Time	ICD-9	Description	Units	Referral	Fee	Procedure Time
01000	01000	Office Visit	1		\$150.00	11:00 AM - 11:30 AM
01010	01010	Office Visit	1		\$100.00	11:00 AM - 11:30 AM
01020	01020	Office Visit	1		\$100.00	11:00 AM - 11:30 AM

Total Fees: **\$350.00**

Add Service Add To List Print Total Fees Save Cancel

sdkfj psdf jsdf

TESTING SUB DETAIL - SECTION 1

Testing sub service - detailed section