



Provider Name & Credentials

- Walter Laughlin, MD
- Rachel Baldwin, MD
- Lora Calo, PA-C
- J. Terry Ismert, ANP-BC
- Nancy Patz, PA-C
- Melissa Ulstad, PA-C
- Other: _____
- Other: _____

Student Insurance Yes No

Date of Service: ___/___/20___

PATIENT ID STICKER HERE

Abrons Student Health Center
 601 S College Rd · Wilmington, NC 28403
Phone: 910-962-3280 · **Fax:** 910-962-4130
Facility NPI: 1720429665 · **Tax ID:** 56-1258660
Facility Code: 11

Laboratory	Fees \$	CPT	Ref #
<input type="checkbox"/> Amylase	10	82150	001396
<input type="checkbox"/> CBC w/ Diff	10	85025	005009
<input type="checkbox"/> CMP	10	80053	322000
<input type="checkbox"/> Chlamydia Screen	20	87491	188078
<input type="checkbox"/> Chlamydia/Gonorrhea Screen	40	87491/591	183194
<input type="checkbox"/> Drug Screen	25	80307	
<input type="checkbox"/> Epstein-Barr Ab	45	86663/64/65(2)	216655
<input type="checkbox"/> Estradiol	30	82670	004515
<input type="checkbox"/> Ferritin	10	82728	004598
<input type="checkbox"/> Glucose	10	82947	001032
<input type="checkbox"/> Hemoglobin A1C	10	83036	001453
<input type="checkbox"/> Hgb Frac. Profile (Sickle Cell)	25	83021/85660	121679
<input type="checkbox"/> Hepatic (Liver) Panel	10	80076	322755
<input type="checkbox"/> Hepatitis B Surface Ag*	10	87340	006510
<input type="checkbox"/> Hepatitis B Surface Ab, QN	15	86317	006350
<input type="checkbox"/> Hepatitis B Surface Ab, QL	15	86706	006395
<input type="checkbox"/> Hepatitis C Ab	15	86803	140659
<input type="checkbox"/> HIV, WB Confirm*	20	87389	083935
<input type="checkbox"/> HPV - High Risk Type	45	87624	507301
<input type="checkbox"/> HSV - Rapid (Swab)	15	87255	186072
<input type="checkbox"/> HSV - Cx & Type (Swab)	55	87255	008250
<input type="checkbox"/> HSV - Type I & II Ab (Blood)	25	86695/96	164905
<input type="checkbox"/> Influenza A&B	35	87804	
<input type="checkbox"/> Iron & IBC	10	83540/50	001321
<input type="checkbox"/> Lipase	10	83690	001404
<input type="checkbox"/> Lipid Panel	10	80061	303756
<input type="checkbox"/> Magnesium	10	83735	001537
<input type="checkbox"/> Mononucleosis Screen	20	86308	
<input type="checkbox"/> Pap, Thin Prep*	40	88175	
<input type="checkbox"/> Phosphorus	10	84100	001024
<input type="checkbox"/> Pregnancy Test (Urine/Blood)	15	81025/84703	004556
<input type="checkbox"/> RPR, Reflex FTA*	10	86592	006072
<input type="checkbox"/> Strep, Rapid	15	87880	
<input type="checkbox"/> Testosterone, Total	15	84403	070001
<input type="checkbox"/> Throat Culture*	15	87070	008342
<input type="checkbox"/> Titer, MMR	30	86765/35/62	058495
<input type="checkbox"/> Titer, Varicella	15	86787	096206
<input type="checkbox"/> TPO Ab	20	86376	006676
<input type="checkbox"/> TSH	10	84443	004259
<input type="checkbox"/> T-3, Uptake	10	84479	001156
<input type="checkbox"/> T-3, Free	20	84481	010389
<input type="checkbox"/> T-3, Total	15	84480	002188
<input type="checkbox"/> T-4, Free Thyroxine	10	84439	001974
<input type="checkbox"/> T-4, Total	10	84436	001149
<input type="checkbox"/> Urinalysis, Dip	10	81002/81003	
<input type="checkbox"/> Urinalysis, Micro	10	81000/81001	
<input type="checkbox"/> Urinalysis, no Dip, Micro only	10	81015	
<input type="checkbox"/> Urine Culture*	10	87086	008847
<input type="checkbox"/> Wet Prep / KOH	15	87210/87220	
<input type="checkbox"/> Wound Culture, Aerobic*	15	87070	008649
<input type="checkbox"/> Phlebotomy fee	5	36415	
<input type="checkbox"/> Other: _____	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

Injections	Fee \$	CPT
<input type="checkbox"/> Administration Charge - Meds	.	90782
<input type="checkbox"/> Allergy Injection	10	95115
<input type="checkbox"/> HPV Vaccine (Gardasil 9)	220	90649
<input type="checkbox"/> Hepatitis B Vaccine (Engerix-B)	45	90746
<input type="checkbox"/> Influenza Vaccine	20	90686
<input type="checkbox"/> Meningitis Vaccine (Menactra/Bexsero)	120/170	90734
<input type="checkbox"/> MMR Vaccine (MMR II)	80	90707
<input type="checkbox"/> TB Skin Test (Tubersol)	15	86580
<input type="checkbox"/> Tetanus/Diphtheria Vaccine (Tenivac)	35	90714
<input type="checkbox"/> TDaP Vaccine (Adacel/Boostrix)	45	90715

Procedures/Treatments	Fee \$	CPT
<input type="checkbox"/> Abscess drainage (I&D)	35	10060
<input type="checkbox"/> Contraceptive Implant – Insert / Remove	30	11981/82/83
<input type="checkbox"/> Cryogenic Therapy	30	17110/11
<input type="checkbox"/> Dressing	5 / 10 / 15	99211
<input type="checkbox"/> Ear Irrigation - Unilateral / Bilateral	10 / 20	69210
<input type="checkbox"/> EKG	20	93000
<input type="checkbox"/> IV Therapy	35	90780
<input type="checkbox"/> Nebulizer treatment (Albuterol)	10	94664
<input type="checkbox"/> Suture Removal Kit	10	99070
<input type="checkbox"/> Suturing	35	12001

Medical Exams	Fee \$	CPT
<input type="checkbox"/> Female GYN Exam	25	99395
<input type="checkbox"/> Male Health Exam	25	99395
<input type="checkbox"/> Physical (Nursing/Teaching/Other)	25	99395

DME/Other Charges	Fee \$	HCPCS
<input type="checkbox"/> Ace wrap	5	99070
<input type="checkbox"/> Ankle Sprain Kit	35	L4350
<input type="checkbox"/> Arm Sling	10	L3670
<input type="checkbox"/> Crutches	25	E0114
<input type="checkbox"/> Finger Splint	5	L3923
<input type="checkbox"/> Knee Brace	35	L1810
<input type="checkbox"/> Knee Immobilizer	35	L1830
<input type="checkbox"/> Thumb Splint	15	L3923
<input type="checkbox"/> Wrist Brace	15	L3908

Total Student Health Center Charge \$ _____

Cash **Check** **UNCW One Card**

MC/Visa **Student Acct** **Seahawk Buck\$**

PLEASE RETAIN YOUR COPY FOR INSURANCE, TAX PURPOSES and DOCUMENTATION OF VISIT

Treatment Consent/Payment Responsibility
 I agree to the following conditions for my visit today:

1. My signature authorizes any treatment and/or services rendered today.
2. I understand that I am financially responsible for any costs associated with the treatment and/or services I receive today.
3. I understand that if I fail to make payment arrangements, these charges will be placed on my UNCW student account.

Student Signature _____

Schedule Follow Up Appointment:
 _____ day(s) / _____ week (s) / _____ month(s)

*if test is positive, there may be an additional charge to the student

DIAGNOSIS CODE(S) _____