Community Health Group

Cal MediConnect
Health Education Encounter Claim Form

PATIENT INFORMATION

Member Name:		**Member Address:**	
Subscriber ID:	**Sex:** ☐ *Male* ☐ *Female*	**Date of Birth:**	**Phone Number:**

Member Ethnicity: ☐ *Latino* ☐ *African-American* ☐ *Asian* (specify)_____
☐ *Caucasian* ☐ *American Indian* ☐ *Other* _____

Primary Language Spoken/Written:	**Primary Diagnoses:**
Primary Care Provider/Site:	**Provider Phone No:**

REFERRAL SOURCE

☐ *Primary Care* ☐ *Self* ☐ *CHG Member Services*
☐ *CHG Health Care Services Dept.* ☐ *Other* _____

INTERVENTIONS

Type of Session:

☐ *Group (CPT-4 code **99412-IA**)*
☐ *Individual (CPT-4 code **99404-IA**)*
☐ *Advance Care Planning (**S0257**)*
☐ *Spirometry (**94010**)*
☐ *Bone Density (**77080**)*

Class Topics:

☐ *Anger Management (**R45.4**)*
☐ *AIDS (**B20**)*
☐ *Alzheimer's (**G30.9**)*
☐ *Arthritis (**M12.9**)*
☐ *Asthma (**J45.90**)*
☐ *Cancer Prevention (**Z71.89**)*
☐ *CHF (**I50.9**)*
☐ *Cholesterol (**E78.5**)*
☐ *Chronic Kidney Disease (**N18.9**)*
☐ *COPD (**J44.9**)*
☐ *Coronary Artery Disease (**I25.9**)*
☐ *Dental Health (**Z13.84**)*
☐ *Depression (**F32.9**)*
☐ *Diabetes Mellitus-Adult (**E11.8**)*
☐ *Elder Abuse (**Z04.71**)*
☐ *Emphysema (**J43.9**)*
☐ *Energy Conservation (**Z71.89**)*
☐ *Exercise (**Z71.89**)*
☐ *GERD (**K21.9**)*
☐ *Hospital/ER Prevention (**Z71.89**)*
☐ *Hypertension (**I10**)*
☐ *Immunization (**Z23**)*
☐ *Infection Prevention (**Z71.89**)*
☐ *Liver Disease (**K76.8**)*
☐ *Managed Care 101/ PCP Access (**Z71.89**)*
☐ *Medication Compliance & Safety (**Z09**)*
☐ *Menopause (**N95.1**)*
☐ *Microalbuminuria (**R80.9**)*
☐ *Nutrition: general, counseling & special diets (**Z71.3**)*
☐ *Osteoporosis (**Z13.820**)*
☐ *Pain Management (**G89.28**)*
☐ *Parkinson's Disease (**G20**)*
☐ *Routine Lab Interpretation (**Z71.89**)*
☐ *Safety/Injury Prevention (**Z71.89**)*
☐ *Senior Health Issues (**Z71.9**)*
☐ *Senior Resource (**Z71.9**)*
☐ *Stress Management (**Z73.3**)*
☐ *Stroke (**I67.89**)*
☐ *Support Groups; disease specific (**Z71.9**)*
☐ *Tobacco Prev. & Cessation (**F17.200**)*
☐ *Weight Management (**Z71.3**)*
☐ *Wellness Guidelines/ Prev. Health (**Z71.89**)*
☐ *Other:* _____

PROVIDER INFORMATION

Provider Name:	**Date of Service:**
Billing Address:	**Service Address:**
Tax ID #:	**Health Educator (Signature/Print)**

MD Signature: _____ **Date** _____

Print: _____