



**Medi-Cal  
Health Education Encounter Claim Form**

PATIENT INFORMATION			
<b>Member Name:</b>			<b>Phone Number:</b>
<b>Subscriber ID:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth:</b>	<b>Member Address:</b>
<b>Member Ethnicity:</b>	<input type="checkbox"/> Latino <input type="checkbox"/> Caucasian	<input type="checkbox"/> African-American <input type="checkbox"/> American Indian	<input type="checkbox"/> Asian (specify) _____ <input type="checkbox"/> Other _____
<b>Primary Language Spoken/Written:</b>	<b>Primary Diagnosis:</b>		
<b>Primary Care Provider/Site:</b>			<b>Provider Phone Number:</b>
REFERRAL SOURCE			
<input type="checkbox"/> Primary Care Provider	<input type="checkbox"/> CHG Health Care Services	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Self	<input type="checkbox"/> CHG Member Services		
INTERVENTIONS			
<input type="checkbox"/> Individual (CPT-4 code <b>99404-IA</b> )		<input type="checkbox"/> Child Birth Preparation Classes (CPT-4 Code <b>99412-IB</b> )	
<input type="checkbox"/> Group (CPT-4 code <b>99412-IA</b> )		<input type="checkbox"/> Spirometry ( <b>94010</b> )	
		<input type="checkbox"/> Lead Test ( <b>83655</b> )	
<b>Class Topics:</b> <input type="checkbox"/> Anger Management ( <b>R45.4</b> ) <input type="checkbox"/> Asthma ( <b>J45.90</b> ) <input type="checkbox"/> Breast Feeding ( <b>Z71.89</b> ) <input type="checkbox"/> Cancer Prevention ( <b>Z71.89</b> ) <input type="checkbox"/> CHDP ( <b>Z00.129</b> ) <input type="checkbox"/> CHF ( <b>I50.9</b> ) <input type="checkbox"/> Cholesterol ( <b>E78.5</b> ) <input type="checkbox"/> COPD ( <b>J44.9</b> ) <input type="checkbox"/> Counseling Nutrition ( <b>Z71.3</b> ) <input type="checkbox"/> Counseling Physical Activity ( <b>Z71.89</b> ) <input type="checkbox"/> Dental Health ( <b>Z13.84</b> ) <input type="checkbox"/> Diabetes Mellitus ( <b>E11.8</b> ) <input type="checkbox"/> Domestic Violence ( <b>T74.91XA</b> ) <input type="checkbox"/> Family Planning ( <b>Z30.09</b> ) <input type="checkbox"/> HIV/AIDS ( <b>B20</b> ) <input type="checkbox"/> Hypertension ( <b>I10</b> ) <input type="checkbox"/> Immunization ( <b>Z23</b> ) <input type="checkbox"/> Infant/Child CPR/First Aid ( <b>Z71.89</b> )		<input type="checkbox"/> Injury Prevention ( <b>T14.90</b> ) <input type="checkbox"/> Safety/Injury Prevention ( <b>Z71.89</b> ) <input type="checkbox"/> Lead Test-finger stick ( <b>Z13.88</b> ) <input type="checkbox"/> Managed Care 101 /PCP Access ( <b>Z71.89</b> ) <input type="checkbox"/> Menopause ( <b>N95.1</b> ) <input type="checkbox"/> Osteoporosis ( <b>Z13.820</b> ) <input type="checkbox"/> Parenting Skills ( <b>Z71.89</b> ) <input type="checkbox"/> Perinatal-Child Birth Prep Classes ( <b>Z36</b> ) <input type="checkbox"/> Sexually Transmitted Disease ( <b>Z11.3</b> ) <input type="checkbox"/> Stress Management ( <b>Z73.3</b> ) <input type="checkbox"/> Stroke ( <b>I67.89</b> ) <input type="checkbox"/> Substance Abuse ( <b>F10.10</b> ) <input type="checkbox"/> Support Groups; disease specific ( <b>Z71.9</b> ) <input type="checkbox"/> Teen Health ( <b>Z00.3</b> ) <input type="checkbox"/> Tobacco Prevention & Cessation ( <b>F17.200</b> ) <input type="checkbox"/> Tuberculosis Prevention ( <b>Z11.1</b> ) <input type="checkbox"/> Weight Management ( <b>Z71.3</b> ) <input type="checkbox"/> Well Baby Care ( <b>Z00.121</b> ) <input type="checkbox"/> Wellness Guidelines/Prev. Health ( <b>Z71.89</b> ) <input type="checkbox"/> Other _____	
PROVIDER INFORMATION			
<b>Provider Name:</b>		<b>Date of Service:</b>	
<b>Tax ID No:</b>		<b>Date of Service:</b>	
<b>NPI No:</b>		<b>Health Educator Signature:</b>	
<b>Billing Address:</b>		<b>Service Address:</b>	

**MD Signature:** \_\_\_\_\_  
 \_\_\_\_\_  
*Signature*  
 \_\_\_\_\_  
*Print*

\_\_\_\_\_

*Date*