PF03 Emergency Department Billing

Day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prepared by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Checked by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are multiple codes for a patient please record each code on a new line e.g.

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| --- | --- | --- | --- |
| John Citizen  | B1 | WA0050H | $86.74 |
| John Citizen | 11700 | 11700 | $38.17 |

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| Name | Code | WAGMSS No. | Fee |
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| TOTAL  |  |

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| B1 | WA0050H | $ 86.74 fees @ 1/12/2009 |
| B2 to B7 | WA0051H | $ 52.03 |
| C1 | WA0055H | $125.57 |
| C2 to C7 | WA0056H | $ 94.16 |
| D1 | WA0060H | $170.39 |
| D2 to D7 | WA0061H | $136.35 |
| 11700 | 11700 | $ 38.17 |
| 30026 | 30026 | $ 65.73 |
| 30029 | 30029 | $113.19 |
| 47378 | 47378 | $213.07 |