

**EMERGENCY PHYSICIAN CALL  
TO FLOOR BILLING SHEET**



Physician Name: \_\_\_\_\_

Date: \_\_\_\_\_

**CALL TO FLOOR/ED ADMITTED PATIENT**

Time in Attendance: \_\_\_\_\_ to \_\_\_\_\_

Reason for call:

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Please select your special visit premium code:

Weekday	Evening	Sat/Sun/Holiday	Nights
0700-1700	1700-2400	0700-2400	2400-0700
C990 \$20.00	C994 \$60.00	C986 \$75.00	C996 \$100.00

Please select your assessment code(s):

- A905 - Consultation from Dr. \_\_\_\_\_ (\$72.10)
- G521(\$110.55)      G395(\$56.80)      A007 Intermediate - H1X3(\$36.85)
- G523(\$55.20)      G391(\$28.35)      A001 Minor - H1X1(\$23.75)
- G522(\$36.35)      A003 Comprehensive - H1X2(\$84.45)
- K623(\$113.35)

Please enter any other codes/procedures performed here:

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**Premium Codes:**

**Procedure Codes**

**E410 Overnight (increase 75%, equivalent to E413)**

**E409 Evenings and Weekends/Holidays (increase 50%, equivalent to E412)**

**\*Note - H112/H113 premiums are NOT allowed for admitted patients, even if located in the ED)**

**AMBULANCE TRANSFER**

Destination: \_\_\_\_\_

Detention in Ambulance      Begins: \_\_\_\_\_ Ends: \_\_\_\_\_  
Return Trip                      Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

K101 x \_\_\_\_\_ = ground ambulance, per 1/4 hr.

K112 x \_\_\_\_\_ = return trip, per h/2 hr.