

<b>TO: ACCESS DEPARTMENT</b>				<b>FAX</b>	<b>336-513-4449</b>
		Retrospective Physician Services for 90801, 90862, 99204, 99205 & 99214			
<b>CLIENT NAME LAST, FIRST, MIDDLE INI</b>	<b>RECORD #</b>	<b>PHYSICIAN'S NAME</b>	<b>PROVIDER NUMBER</b>	<b>DATE SEEN</b>	<b>SERVICE CPT CODE</b>