



## Co-Management Billing Worksheet

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

Facility where services were rendered:

- Advanced Vision Surgery Center**  
1390 Dry Creek Drive  
Longmont, CO 80503  
NPI: 1972030161
- Foothills Surgery Center**  
300 Arapahoe Avenue  
Boulder, CO 80301  
NPI: 1104189042
- Other:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
NPI: \_\_\_\_\_

Surgeon: \_\_\_\_\_ NPI: \_\_\_\_\_

Surgery Date: OD \_\_\_\_\_ OS \_\_\_\_\_

Date post-operative care *began* at Eye Care Center of Northern Colorado:

OD \_\_\_\_\_ OS \_\_\_\_\_

Date post-operative care *ended* at Eye Care Center of Northern Colorado:

OD \_\_\_\_\_ OS \_\_\_\_\_

Number of post-op days Eye Care Center of Northern Colorado is claiming: OD \_\_\_\_\_ OS \_\_\_\_\_

Care relinquished to: \_\_\_\_\_

on \_\_\_\_\_ & \_\_\_\_\_ for the remaining approx. \_\_\_\_\_ & \_\_\_\_\_ days, respectively.  
OD OS OD OS

(Note: post operative care should be billed starting on the first date the patient is seen, through the end of the global period.  
The number of days you claim may be less than this)

Procedures:

Date: \_\_\_\_\_ 1) \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Date: \_\_\_\_\_ 2) \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Date: \_\_\_\_\_ 3) \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Date: \_\_\_\_\_ 4) \_\_\_\_\_ Diagnosis: \_\_\_\_\_

If you have any questions, please contact \_\_\_\_\_ ph \_\_\_\_\_.

**Eye Care Center of Northern Colorado**  
1400 Dry Creek Drive  
Longmont, CO 80503  
303-772-3300 office  
303-682-3398 business office fax