



Eye Care Center of Northern Colorado will fill out this form and FAX it to you

Co-Management Billing Worksheet

Patient Name: _____ DOB: _____

Medicare ID Number: _____

Facility where services were rendered:

Longmont Surgery Center
2030 Mountain View Avenue
Longmont, CO 80503
NPI: 1063582427

Foothills Surgery Center
300 Arapahoe Avenue
Boulder, CO 80301
NPI: 1104189042

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 _____ & _____ days, respectively.
OD OS OD OS

Procedures: 1) _____

2) _____

Diagnosis: _____

If you have any questions, please contact Karlene at 303-682-3393.

Eye Care Center of Northern Colorado
1400 Dry Creek Drive
Longmont, CO 80503
303-772-3300 office
303-682-3380 fax