



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:

Advanced Vision Surgery Center 1390 Dry Creek Drive Longmont, CO 80503 NPI: 1972030161	Longmont Surgery Center 2030 Mountain View Avenue Longmont, CO 80503 NPI: 1063582427	Foothills Surgery Center 300 Arapahoe Avenue Boulder, CO 80301 NPI: 1104189042	Longs Peak Surgery Center 1750 E. Ken Pratt Blvd. Longmont, CO 80504 NPI: 1770958522
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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
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Longmont, CO 80503
303-772-3300 office
303-682-3380 fax