



# Mystery solved!



INGA ELLZEY PRACTICE GROUP, INC.

Toll-Free: 1-800-318-3271 or Order Fax: 407-264-8270

## How and When to Bill Consultations for Dermatology

With Medicare's deletion and changes to the consultation and follow-up consultations codes in January of 2006, many dermatologists and staff are confused on how to bill and document using the new codes. End the mystery and simplify the process!

Our newly updated and revised handbook will get you up-to-date and compliant with the new consultation regulations, including:

- Understanding the **2006 revised CPT codes and documentation requirements**
- Initiation of Care
- Transfer of Care (making the requests and arranging the transfer)
- Reporting Findings
- Counseling and Coordination of Care
- Claim Completion Tips
- Non-physician providers (PAs and NPs) and Consultations
- Consultations and Group Practices
- Inpatient vs. Outpatient Consultations
- Confirmatory Consultations
- Modifiers used with Consultations
- Documentation requirements
- **Over a dozen specially designed consult-related forms and letters** on CD-ROM\* to simplify the process

**All new for 2006!**



**Includes a CD-ROM with all forms for easy modification!**

\* Forms are included in both Adobe Acrobat and Microsoft Word formats

### Please send me the following...

- 2006 How & When to Bill Consultations package (incl. booklet and CD-ROM) for only **\$99.00 plus \$10.00 S/H**

**Total Payment\*** \$ \_\_\_\_\_

\* Florida residents add 7% sales tax

### How to order:



[www.iepg.com/consults](http://www.iepg.com/consults)



**1-800-318-3271 x-223**

**FAX 1-407-264-8270**



**Inga Ellzey Practice Group, Inc.**  
125 Oxford Road  
Casselberry, FL 32730-2111

### Mailing Address: *No PO Boxes Please!*

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

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

### Payment Method:

- Check #: \_\_\_\_\_ (Payable to Inga Ellzey Practice Group)



Card #: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_