

**MedProvider Suite 206**

3434 Swiss Ave. Suite 206, Dallas, TX 75204  
(214) 828-5775 Fax: (214) 828-5777

04/05/2013 04:16 PM

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Super Bill

**Patient Information:**

Patient: **PLOCK, ROBERT A**  
Address: **6827 LATTA PARKWAY**  
**DALLAS, TX 75227**  
Home Phone: **(214)799-7775**  
Work Phone:  
Resp. Provider: **William Thomas Christensen MD**

Gender: **Male**  
DOB: **7/26/1968**  
Patient ID: **256170-0171001**  
Last PM ID: **V950248**  
EHR #:

**Insurance:**

Primary Ins: **UMR**  
Plan: **UMR PPO\_UNTD\_1**  
Policy #: **13280912**

Secondary Ins:  
Plan:  
Policy #:

Group #: **76410892**  
Phone: **(800)826-9781**  
Fax:  
Contact:

Group #:  
Phone:  
Fax:  
Contact:

Provider: **William Thomas Christensen M** Status: **Signed**  
Clinical Date: **03/04/2013** Location of Care: **MEDPRO**  
Summary: **IM 1 MON FU/LOW BACK PAIN - ENC#22225225**

Document ID: **64**  
Visit ID: **4626541**

**Service Orders**

<u>Code</u>	<u>Description</u>	<u>Order No</u>	<u>Units</u>	<u>Diagnoses</u>	<u>Priority</u>	<u>Status</u>
CPT-99213	99213 est exp prob	6499643-1	1	CERVICAL RADICULOPATHY, RIGHT(ICD-723.4)		C

**Service Provider:**

Order Authorized By: **William Thomas Christensen MD**  
Order Signed By: **William Thomas Christensen MD**  
Order Signed On: **3/4/2013 11:15:34PM**  
Comments: **return in 1 month**

4th Appt

Report run by Nancy Sanchez POR

☐ Medicare ☐ Medicaid ☐ HMO  
☐ Account ☐ Patient ☐ PPO/POS

Order Status: I - In Process U - Unsigned H - Admin Hold X - Canceled C - Completed

Note: When ordering tests for which reimbursement (including Medicare or Medicaid) will be sought, providers authorized by law to order tests should only order tests that are medically necessary for the diagnosis or treatment of the patient.