

## UW Family Medicine Clerkship Preceptor Billing Data

PI: Tomoko Sairenji, MD, MS

Complete 1 form per half day (use extra if exceeds 18). Scan to sairenji@uw.edu or fax to (206) 543-3821

Date: \_\_\_\_\_ AM PM Session length: \_\_\_\_\_ Hrs Site: \_\_\_\_\_ Preceptor Last Name: \_\_\_\_\_

Pt No.	Age Sex	Basic CPT Billing Code	Level of Student Involvement			
1	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal (shadowing) <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
2	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
3	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
4	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
5	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
6	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
7	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
8	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
9	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
10	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
11	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
12	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
13	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
14	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
15	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
16	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
17	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>
18	__yo <input type="checkbox"/> M <input type="checkbox"/> F	<b>Primary billing code:</b> Secondary billing code:	none <input type="checkbox"/>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	significant <input type="checkbox"/>