## BILLING INFORMATION

Greenwood Pediatrics - Radix Live 1

Provider: BinalP1 Solanki, MD

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**Visit Id:** BS00049837

**Patient First Name:** binal

**Patient Last Name:** solanki

**DOB:** 02/01/2023

**Guardian First Name:** fnme

**Guardian Last Name:** lname

**Location of Patient:** AK

**Location of Provider:** CO

**Mobile Number:** 997-409-8109

**Pharmacy Phone Number:** 886-546-5462

**Provider:** BinalP1 Solanki, MD

**Date of the visit:** 02/28/2023

**Time of the visit:** 02:58 AM to 03:13 AM

**Duration of the entire visit:** 00:03:32

**DIAGNOSIS/ICD-10 Codes:**

J20.9:Acute bronchitis, unspecified

J21.0:Acute bronchiolitis due to respiratory syncytial virus

**CPT® Codes:**

99211:Office/outpatient visit EST

99212:Office/outpatient visit EST

**Modifier 95:**

**Covid Details:**

Patient's explanation for YES:
vvv

**Payment Type:** Medicaid

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**Medicaid Id:** 121212

**Digitally signed by:** BinalP1 Solanki, MD