1390 Dublin Rd. Columbus, OH 43215
Care Coordinator: 614-884-2441
Fax #: 614-884-0123
http://www.pcchealth.org

VCN Patient Services Form

Patient Name:____
(Last) (First) (M.I.)

VCN Member ID: ________________

Date of Service: ________________ **Doctor seen**: ________________

Services Provided:

	ICD code (Diagnosis)	**CPT code** (Procedure)	**Value of Service** (As determined by Provider)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Please complete and fax to: 614-884-0123
Attn: Care Coordinator
Or mail to:
1390 Dublin Rd., Columbus OH, 43215