

**TRAUMA CHARGE SHEET**



PATIENT FIN \_\_\_\_\_

DOS \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

PATIENT DOB \_\_\_\_\_

Form Section/ I-View section	Quantity	DTA Description	CPT/HCPCS	PROD Bill Item ID
<b>TRAUMA ACTIVATION - LEVEL II TRAUMA CTR</b>		Level I with Notification	G0390	8483187
		Level II with Notification	G0390	8483185
		Level III with Notification	G0390	8483183
		Level I without Notification		8483186
		Level II without Notification		8483184
		Level III without Notification		8483182

Form Section/ I-View section	Quantity	DTA Description	CPT/HCPCS	PROD Bill Item ID
<b>TRAUMA ACTIVATION - LEVEL III TRAUMA CTR</b>		Level I with Notification	G0390	8483188
		Level II with Notification	G0390	8483190
		Level III with Notification	G0390	8483192
		Level I without Notification		8483189
		Level II without Notification		8483191
		Level III without Notification		8483193