



Contact Phone:

Contact Fax:

Contact Email:

OMB No. 1220-0039

<Enter Date>

<Enter Outlet Code>

Please Return Form By:**Outlet Code:**

Quote -

Cash Payment

CPT Code(s)

Description

Chargemaster Fee	
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<Select las

Cash Payment	
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<Select last

Current Price

Previous Reimbursement

0.00

Current Reimbursement

0.00

Additional Information:

Respondent Comments:

Quote -

Insurance Plan

bsbls

Group #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

1221

Date Contract Expires

10/31/2013

CPT Code(s)

Description

Chargemaster Fee	
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Jan Price

Current Price	
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Insurance Reimbursement	
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Jan Price	
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Current Price

Patient Co-Pay	
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	Current Price
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Previous Reimbursement

0.00

Current Reimbursement

0.00

Additional Information:	
Respondent Comments:	