

17110 N. Dallas Parkway, Suite 200 Dallas, TX 75248 972-380-7070 972-380-7043 www.jeffersonmed.com www.jeffersonicard.com

Provider Select, Inc. Fee Schedule

Effective 11/01/2006

Group Health- 85% of Billed Charges

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This schedule is not a guaranty of payment. Variances in reimbursement may occur due to rounding calculations. Services represented are subject to provisions of the health plan including, but not limited to, membership, eligibility, premium payment, claim payment logic, provider contract terms and conditions, applicable medical policy, and benefits, limitations and exclusions. Maximum allowables and components of rates such as modifiers or conversion factors, and applicable rules such as bundling, may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. Values reflect the component of a code related to the place of treatment. CPT codes are copyright American Medical Association. All Rights Reserved.