



(Select the text tool then place your cursor in the field to type in your information, then you can use the tab key between fields to complete. Then "Click to Print" at the bottom, or print first and fill out by hand.)

PRACTICE INFORMATION

Provider Name: _____

Please provide your fee schedule to the procedure codes that you use below:

CPT Code	Practice Fee	CPT Code	Practice Fee
90791	_____	90792	_____
90834	_____	99214	_____
90847	_____	99213	_____
90837	_____	99833	_____
90846	_____		

Please list insurance companies that you are in network with:

Please list any usernames & passwords to insurance company websites:



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