

# Professional Practice – Provider Intake



Rev 5/21/2021 TG

## **Fee Schedule - Standard**

(Per Provider Intake > Practice Documents – Section 1)

Please include all charges that your practice uses - insurance billable and non-billable fees for services, those that have official CPT codes and those that do not have official CPT codes assigned. Such non-billable and un-coded services include, but are not limited to: No Show Fees, Late Cancellations, Court Testimony, Reports, etc. Please use the 'Notes' space to describe tiered systems when applicable (such as, "Charge \$300 for the first hour in court and \$200 for each additional hour prorated"). Please contact Professional Practice for a list of common CPT codes.

This plan will become effective: \_\_\_\_\_ (Effective Date)

- This fee schedule applies to the whole practice.
- This fee schedule applies only to the following provider(s): \_\_\_\_\_

This fee schedule can be cancelled or modified by submitting a revised Fee Schedule or by communicating the new plan to Professional Practice in writing.

CPT Code	Description	Insurance Billable Yes/No	Standard Rate	Notes

° PO Box 503010, White City, OR 97503-0813 ° Phone (541)234-4781 ° Fax (503)419-4662 °  
° Email [billing@professional-practice.org](mailto:billing@professional-practice.org) ° Web [professionalpractice.net](http://professionalpractice.net) °

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RPORT	Reports and letters requested.	No	
COURT	Court Appearance / Testimony	No	
NOSHO	No Show Fee	No	
L8CXL	Late Cancellation	No	
RTNCK	Return Check Fee (NSF Fee)	No	

Please revise this form, and re-sign and re-date as changes occur.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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