Fee Schedule Comparison

TO: Encore Health Network
Provider Relations
8802 N. Meridian Street, Suite 100
Indianapolis, IN 46260
FAX: (317) 705-3281

Date:

Specialty:

FROM:

CPT Code	Procedure Description	Provider Fee	Encore Fee Schedule

Please limit your provider fees for comparison to twenty (20). Thank you.

Please submit your charge for all CPT Code fee schedule information. We rely on physician's input to insure that our fee schedule is reasonable. If you have questions or concerns, you may contact Encore Provider Relations toll free at (888) 574-8180.

Please return to: _____

Provider Name: _____

Provider's Tax I.D. Number: _____

Group Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____FAX: _____

Attn: _____ _