

CHARGE CODE	DESCRIPTION	Department	REV CODE	CPT CODE	Gross Charge	Cash Pay	Aetna	BCBS TX - BA	BCBS TX BE	BCBS TX PPO	BCBS TX Trad	CIGNA	Humana	Unicare	United	Minimum Negotiated Charge	Maximum Negotiated Charge
99202	NEW PATIENT INTERMED II	Rural Health Clinic	521	99202	\$ 130.00	\$ 97.50	\$ 62.45	\$ 78.26	\$ 79.81	\$ 80.15	\$ 80.15	\$ 74.08	\$ 74.08	\$ 74.08	\$ 74.08	\$ 62.45	\$ 80.15
99201	OV/NEW PT.SIMPLE I	Rural Health Clinic	521	99201	\$ 100.00	\$ 75.00	\$ 37.32	\$ 46.96	\$ 47.88	\$ 48.09	\$ 48.09	\$ 44.54	\$ 44.54	\$ 44.54	\$ 54.15	\$ 37.32	\$ 54.15