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Fee Schedule

1. **Primary Care services** (E&M and Surgical CPT codes) for Assigned Beneficiaries: 110% of the Medicare Payment Rate as a base rate.
2. **Primary Care services for Non-Assigned Beneficiaries**: 100% of the Medicare Payment Rate
3. **Laboratory Services**: 90% of the Medicare Payment Rate (Provider Physician will make every effort to use PLAN's preferred lab vendor(s)).
4. **All other services, including radiology and HCPCS, including reimbursement for Specialists**: 100% of the Medicare Payment Rate.
5. **Unlisted Procedures**: Procedures not listed, or procedures with relatives not established and which are otherwise Covered Services, Provider will be compensated 70% of billed charges.

By receipt of this Fee Schedule/Rate Information, you acknowledge and agree that (1) the enclosed information is strictly confidential and proprietary; and (2) you will not distribute or disclose this information to any third party. Any unauthorized review, use, disclosure or distribution is prohibited.