Consumer Price Index Update Form: Physicians' Services

		BLS Contact:	<Enter Name
	OMB No. 1220-0039	**Contact Phone:**	<Enter Phon
Please Return Form By:	<Enter Date>	**Contact Fax:**	<Enter Fax>
Outlet Code:	<Enter Outlet Code>	**Contact Email:**	<Enter Email

Quote -								
Cash payment								
CPT Code(s)	**Description**	**Chargemaster Fee**		**Cash Payment**				
		<Select last	Current Price	<Select last r	Current Price			
	Previous Reimbursement	0.00		**Current Reimbursement**			0.00	
Additional Information:								
Respondent Comments:								

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