

Visit Estimate for Ahsan Butt

February 09, 2022

Service Details

CPT	Description	Cost
Fully Covered Services (Services that are 100% paid for by your insurance provider)		
99212	Office Visit Level 3	242
fully cpt2	fully cpt2 description	9768
a	b	30096
		40106
Covered Services (Services paid for by your provider, after deductibles, co-pay and co-insurance are applied)		
99394	Therautic exercises	484
cs2	cs2	1870
		2354
Non Covered Services (Services that are not paid for by your insurance provider)		
BOTOX	Botox Injection	7326

7326

This Visit Total \$49786

Insurance pays This is the portion of the bill paid by your insurance carrier. \$42060	Co-Pay This is a set out-of-pocket amount typically paid at the time of service. \$100	Deductible This is what you will pay on covered services before your plan starts to pay. \$200	Co-Insurance This is your portion of the bill for a service, after you have met your deductible. \$100	Not Covered You are responsible for paying for the services not covered by your health plan. \$7326
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