

Visit Estimate for

Service Details

February 10, 2022

CPT	Description	Cost
Fully Covered Services (Services that are 100% paid for by your insurance provider)		
Covered Services (Services paid for by your provider, after deductibles, co-pay and co-insurance are applied)		
Non Covered Services (Services that are not paid for by your insurance provider)		

This Visit Total \$

Insurance pays
This is the portion of the bill paid by your insurance carrier.
\$

Co-Pay
This is a set out-of-pocket amount typically paid at the time of service.
\$

Deductible
This is what you will pay on covered services before your plan starts to pay.
\$

Co-Insurance
This is your portion of the bill for a service, after you have met your deductible.
\$

Not Covered
You are responsible for paying for the services not covered by your health plan.
\$