



Fee Schedule Request Procedure

Health Plan Select contracted providers may request fee information showing applicable fee schedule rates. Requests may be made in writing, either by mail or by fax.

If submitting a request by mail, please send a letter signed by the requesting provider on practice letterhead to:

Provider Relations; Fee Schedule Request
Health Plan Select
295 W. Clayton Street
Athens, Georgia 30601

If submitting a request by fax, fax a signed request on practice letterhead to (706) 549-8004; Attention Provider Relations; Fee Schedule Request.

Note: The inclusion of a specific procedure code in a fee schedule report should not be viewed as an assurance or guarantee of coverage or payment. Health Plan Select members' benefit plans vary and are subject to change based on the contract effective dates. Claim payment and procedure coverage determinations are made in accordance with an individual member's benefits in effect on the date that services are rendered.