



HEALTH INSURANCE COMMISSION

Form: I

INDIVIDUAL REPORT

Standard Health Insurance Fees

FILING OF NEW Current Procedural Terminology (CPT) Code(s)
Regulation 9 (2B) Health Insurance Regulations (2017 Revision)

Date: _____

Name of Medical Practitioner/Healthcare Facility/Approved Insurer/Other:

Old CPT Code	New/Revised CPT Code	Modifier	Description	Suggested Fee CI\$

Additional Information

Date of Filing: _____

Please submit Individual Report to:
 Department of Health Regulatory Services
 Health Insurance Commission
 Government Administration Building Box 132
 Grand Cayman KY1-9000
 Telephone: 345.946.2084
 E-mail: hic@gov.ky