

Estimate of Healthcare Services

Patient Name: _____ Patient DOB: _____

CPT Code	Service	EACS Charge	Same Day Discount
Vision Codes			
92002	Exam Intermediate New	\$135.00	\$108.00
92004	Exam Comprehensive New	\$234.00	\$187.20
92012	Exam Intermediate Established	\$140.00	\$112.00
92014	Exam Comprehensive Established	\$180.00	\$144.00
92015	Refraction	\$50.00	\$40.00
92499	Self-Pay Routine	\$100.00	\$80.00
E/M Codes			
99202	New Expanded Problem Focused	\$109.00	\$87.20
99203	New Detailed	\$157.00	\$125.60
99204	New Comprehensive	\$240.00	\$192.00
99205	New Comprehensive	\$339.00	\$271.20
99211	Established Minimal	\$36.00	\$28.80
99212	Established Problem Focused	\$88.00	\$70.40
99213	Established Expanded Problem Focused	\$140.00	\$112.00
99214	Established Detailed	\$197.00	\$157.60
99215	Established Comprehensive	\$278.00	\$222.40
Diagnostic Testing			
76514	Pachymetry	\$28.00	\$19.60
76519	A-Scan:IOL Calculations	\$175.00	\$122.50
92020	Gonioscopy	\$60.00	\$42.00
92025	Pentacam	\$55.00	\$38.50
92060	Sensorimotor Exam	\$90.00	\$63.00
92082	Visual Field Exam Intermediate	\$100.00	\$70.00
92083	Visual Field Exam, Extended	\$120.00	\$84.00
92100	Serial Tonometry	\$125.00	\$87.50
92133	RNFL OCT	\$97.00	\$67.90
92134	Macular OCT	\$97.00	\$67.90
92136	IOL Master	\$150.00	\$105.00
92136/26	IOL Master 2nd Eye	\$150.00	\$105.00
92250	Fundus Photos/Optomap	\$90.00	\$50.00
92285	External Photos	\$80.00	\$56.00
92286	Specular Microscopy	\$150.00	\$105.00
Total Estimate			

Patient Signature: _____ Date: _____

Estimates are based on the medical information available at the time the estimate is requested. Should this information change or should unforeseen services arise out of the proposed procedure, or service, the actual amount you will be responsible for may vary. Costs of additional services that are required between the time an estimate is received and the time the member receives the service, will be discussed prior to rendering service. All payment for services are due at the time of service unless arrangements have been made with our billing department.



Estimate of Healthcare Services

Additional Tests Ordered at Time of Service

Patient Name: _____ Patient DOB: _____

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76519	A-Scan:IOL Calculations	\$175.00	\$122.50
92020	Gonioscopy	\$60.00	\$42.00
92025	Pentacam	\$55.00	\$38.50
92060	Sensorimotor Exam	\$90.00	\$63.00
92082	Visual Field Exam Intermediate	\$100.00	\$70.00
92083	Visual Field Exam, Extended	\$120.00	\$84.00
92100	Serial Tonometry	\$125.00	\$87.50
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92136/26	IOL Master 2nd Eye	\$150.00	\$105.00
92250	Fundus Photos/Optomap	\$90.00	\$50.00
92285	External Photos	\$80.00	\$56.00
92286	Specular Microscopy	\$150.00	\$105.00
Total			
Total Estimate (Original Estimate + Additional Testing)			

Patient Signature: _____ Date: _____

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