

Discover Vision Centers
 Physician and clinic fees

These fees are what you or your insurance company can expect to pay. Fees may change.
 These are ESTIMATES only to help you plan for your medical expenses.
 Your actual fees may be more or less than these ESTIMATED fees shown.

	<u>CPT CODE</u>	<u>ESTIMATED FEE</u>
**** OFFICE VISITS ****		
**** Routine Eye Exams ****		
REFRACTION - Fee NOT covered by Medicare - Insurance Paid out of Pocket	92015	\$30.00
EYE EXAM - Routine Exam Only - Non Medical ** ** This is cash only price, NO insurance benefits filed. ***	n/a	\$75.00
NEW PATIENTS - Medical		
VISION EXAM Medical - COMPREHENSIVE	92004	\$150.00
NEW PATIENT, LEVEL 3	99203	\$110.00
NEW PATIENT, LEVEL 4	99204	\$175.00
NEW PATIENT, LEVEL 5	99205	\$215.00
ESTABLISHED PATIENTS - Medical		
VISION EXAM Medical - COMPREHENSIVE	92014	\$125.00
EST. PATIENT, LEVEL 3	99213	\$75.00
EST. PATIENT, LEVEL 4	99214	\$115.00
EST. PATIENT, LEVEL 5	99215	\$150.00
**** SPECIAL SERVICES ****		
A-SCAN	76519	\$79.00
VISUAL FIELD TEST	92083	\$85.00
GDX or OCT	92135	\$50.00
FLOURESCIN ANGIOGRAPHY	92235	\$135.00

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*** REMOVAL OF FOREIGN BODY ***		
CORNEAL FOREIGN BODY REMOVAL	65222	\$80.00
EYE LID FOREIGN BODY REMOVAL	67938	\$235.00
**** SURGERY ****		
ANESTHESIA	00142	\$200 - \$500.00
CATARACT SURGERY	66984	\$1,100.00
BLEPHROPLASTY- Medical Necessary - Basic	15820-23	\$1,100.00
CORNEAL TRANSPLANT	65750	\$1,820.00
FULL FOCUS - CATARACT SURGERY UPGRADE	FFC	\$2,650.00
FULL FOCUS REFRACTIVE PRESBYOPIA SURGER	FFR	\$4,650.00
LASIK	65760	\$1,100 - \$2,400
ASTIGMATISM SURGERY Not Covered by Insurance	65772	\$350.00
SLT Laser Trabeculoplasty	65855	\$350.00
YAG LASER - POSTERIOR CAPSULOTOMY	66821	\$335.00
VITRECTOMY	67040	\$1,600.00
RETINA SCLERAL BUCKLE	67107	\$1,700.00