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**GOOD FAITH ESTIMATE: SELF-PAY NEW PATIENT**

Account #:

Date Prepared:

Name:

Address:

Upcoming Appointment:

X	CPT CODE	DESCRIPTION	SELF-PAY PRICE
<b>EXAMS:</b> <i>Exam level determined by diagnosis and treatment plan.</i>			
	92002	Ophthalmological Intermediate	\$175
	92004	Ophthalmological Comprehensive	\$225
	99203	Evaluation & Management – Level 3	\$185
	99204	Evaluation & Management – Level 4	\$250
	99212IOP	IOP Check	\$155
	99213FU	2, 3, or 4-Month Follow-Up DFE	\$175

<b>MINOR PROCEDURES:</b>			
	65778	Amniotic Membrane & Procedure	\$1,850 <i>per eye</i>
	92071	Bandage Contact Lens	\$125 <i>per eye</i>
	67820	Epilation (Eyelash Removal)	\$75 <i>per eye</i>
	67800	Excision Chalazion (One)	\$275 <i>each</i>
	65205-22	Foreign Body Removal	\$175-250
	68020	Incision & Drainage of Eyelid Cyst	\$155 <i>per eye</i>
	68801	Probe & Irrigation	\$390 <i>per eye</i>

<b>DIAGNOSTIC TESTING:</b>			
	76512	B-Scan	\$175
	92025	Corneal Topography	\$90
	92201-2	Extended Ophthalmoscopy	\$50
	92235	Fluorescein Angiography	\$300 (\$375 both eyes)
	92250	Fundus/Optic Nerve Photos	\$100
	92020	Gonioscopy	\$55
	76519	IOL Master/A-Scan	\$150
	92132-4	OCT (Optical Coherence Testing)	\$90
	76514	Pachymetry	\$35
	92285	Slit Lamp/External Photos	\$75
	83861	Tear Osmolarity	\$40
	92082/3	Visual Field	\$90-125

X	CPT CODE	DESCRIPTION	SELF-PAY PRICE
<b>VISION TEST:</b> <i>Based upon type of refraction/prescription needed.</i>			
	92015	Standard Refraction	\$40
	92015PR/LV	Prism, Multiple Rx or Low Vision	\$90

<b>CONTACT LENS FITTING:</b> <i>Based upon type of contact lens prescription needed.</i>			
	92310	Contact Lens Fitting – Soft Lenses	\$150
	92311-13	Contact Lens Fitting – Specialty	\$200 - \$500

<b>INJECTIONS:</b> <i>Total injection price will equal the cost of procedure PLUS the drug.</i>			
	67028	Injection Procedure	\$300 <i>per eye</i>
	J3490	DRUG: Avastin	\$110
	J0179	DRUG: BEOVU	\$2,370
	J0178	DRUG: EYLEA	\$2,250
	J3301	DRUG: Kenalog	\$50
	J2778	DRUG: Lucentis 0.5mg	\$2,350
	J7312	DRUG: Ozurdex	\$1,750