



Summary of Projected Direct-Payer (i.e. without insurance) Costs for Common Services at **Pacific Eye Group, P.C.**

Please note: The price for any given service is only an estimate and the actual charges are dependent on circumstances at the time a service is rendered.

1. Comprehensive Exam New Patient (Wellness); 92004, S0620
Fee: \$89.00
2. Comprehensive Exam Established Patient (Wellness); 92014, S0621
Fee: \$89.00
3. Contact Lens Fitting Spherical; 12346, 12348, 12350, 12352, 12359, 92310.1
Fee: \$50.00
4. Contact Lens Fitting Toric; 12394, 92310.5
Fee: \$60.00
5. Contact Lens Fitting Multifocal; 12395, 12358, 92310.6
Fee: \$70.00
6. Contact Lens Fitting Gas Perm; 12354, 92310.8
Fee: \$70.00
7. Contact Lens Fitting Monovision (soft lenses); 12362, 92310.7
Fee: \$70.00
8. Retinal Imaging; 60027, S9986.4, SROCT
Fee: \$39.00
9. Corneal Foreign Body Removal; 65222
Fee: \$70.00
10. Level 3 Treatment Visit (New Patient); 99203
Fee: \$115.00
11. Level 3 Treatment Visit (Established Patient); 99213
Fee: \$100.00
12. Level 2 Treatment Visit (New Patient); 99202
Fee: \$90.00
13. Level 2 Treatment Visit (Established Patient); 99212
Fee: \$75.00

Patients covered by health insurance, are strongly encouraged to consult with their health insurer to determine accurate information about their financial responsibility for any health care service provided by this office. If you are not covered by health insurance, you are expected to pay for all professional exam services rendered at the conclusion of the exam with the fees listed above.