ATLANTIC EYE CENTER
3 Pine Cone Drive, Suite 104
Palm Coast, FL
32137
(386)-446-9590

Date of Service:_____

Patient Name:_____

Good Faith Estimate of Healthcare Services

This is a good faith estimate of possible anticipated charges for your visit to our office today. We have marked the services that we expect you will be receiving today. Please be aware that additional charges may be incurred if any additional services are requested by the doctor who is treating you today, and this is just an estimate. Another estimate may be provided at the end of the exam. Feel free to ask the staff or doctors if there will be other charges if they recommend additional services.

Date of service	Description	Cost
	NEW PATIENT Intermediate Office Visit - 92002	
	NEW PATIENT Comprehensive Office Visit 92004	
	ESTABLISHED Intermediate Office Visit - 92012	
	ESTABLISHED Comprehensive Office Visit - 92014	
	Refraction - 92015	
	Fundus Photos - 92250	
	OCT Retinal Scanning - 92134	
	Visual Field Testing -	
	OCT Glaucoma Scanning - 92133	
	Pachymetry – 76514	
	IOL Master - 92136	
	Cataract Surgery - 66984	
	Cataract Surgery Complex - 66982	
	Yag Laser Capsulotomy - 66821	
	Laser Peripheral Iridotomy – 66761	
	SLT Laser - 65855	
	Blepharoplasty Surgery - 15823	

Patient Signature: _____

Printed Name:_____ Date:_____