

ADVANCED VISION CARE

2710 E Airline Rd
Victoria, TX 77901
361-485-9421

GOOD FAITH ESTIMATE FOR HEALTH CARE ITEMS AND SERVICES

Provider

Valerie Baker, OD

Date of Good Faith Estimate:

Patient

First Name: Emilio

Middle Name

Last Name: Ortiz

Date of Birth: 06/22/1992

Account Number (last four digits) (optional):

Patient Mailing Address, Phone Number, and Email Address

Street or PO Box

554 Davis Lane

City Victoria

State: TX

Zip Code: 77905

Phone:

361-433-1365

Email: emilioortiz4@yahoo.com

Contact Preference: ☐ By mail ☒ By email ☒ By phone

Patient Services and Diagnosis

Primary service(s) or item(s) Requested or Scheduled: established patient medical office visit or 65222 (foreign body)

Primary Diagnosis:

Primary Diagnosis Code:

Secondary Diagnosis:

Secondary Diagnosis Code:

If scheduled, date services/ items will be provided:

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Cost Per Service Item

(procedure code)

☐ NEW PATIENT ROUTINE EXAM W/ PHOTOS (S0620): \$125

☐ NEW PATIENT DIABETIC, MACULAR DEGENERATION, GLAUCOMA EYE EXAM (Includes all testing) : \$285

☐ NEW PATIENT MEDICAL OFFICE VISIT: \$199

☐ ESTABLISHED PT ROUTINE EXAM W/ PHOTOS (S0621): \$99

☐ ESTABLISHED PT DIABETIC, MACULAR DEGENERATION, GLAUCOMA EYE EXAM (Includes all testing) : \$250

☒ ESTABLISHED PATIENT MEDICAL OFFICE VISIT: \$149

☒ FOREIGN BODY (65222): \$99

☐ PRESSURE CHECK: \$25

CONTACT LENS FITTING:

☐ NEW PATIENT UNDER 40: \$75 (Level 1)

☐ ESTABLISHED PATIENT UNDER 40: \$60 (Level 2)

☐ NEW PATIENT OVER 40: \$125 (Level 3)

☐ ESTABLISHED PATIENT OVER 40: \$105 (Level 4)

☐ SPECIALTY CONTACT LENS FITTING UNDER 40: \$450 (Level 5)

☐ SPECIALTY CONTACT LENS FITTING OVER 40: \$600 (Level 6)

☐ MYOPIA CONTROL CONTACT LENS FITTING: \$550 (Level 7)

GOOD FAITH TOTAL ESTIMATED COST: \$149 or 99

The following is a detailed list of expected charges for your upcoming visit, as well as for items or services reasonably expected to be furnished in conjunction with the primary item or service as part of period of care. The estimated costs are valid for 12 months from the date of the Good Faith Estimate. **This also acts as your electronic signature until you come into your appointment to physically sign below.**

X _____

DATE _____