

## No Surprises Act - Good Faith Estimates

**Cassandra Wood, O.D., LLC**  
**DBA Eyes On You**

Under the law, if you do not have medical insurance or choose to not utilize your medical insurance for specific episodes of care provided, you have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like office visits, medical tests, and medical equipment
- If you request one, a Good Faith Estimate must be provided in writing at least 1 business day from the time an appointment is scheduled for the service. If the appointment is scheduled 10 or more days away, the estimate must be provided at least three days after the appointment is scheduled. In the event the care is emergent or testing is recommended during an office visit, your GFE will be provided at the time your additional services are offered.
- You can ask your health care provider for a Good Faith Estimate before you schedule an item or service although this will be just an estimate as the exact care you need cannot be determined until your doctor evaluates you.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.
- The good faith estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items and services from any of the providers from who they obtain a good faith estimate.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises)

## Good Faith Estimate

<b>Vision Exams (not included under No Surprises Act)</b>	
<b>New Patient</b>	
<b>92002.</b> Ophthalmological services: Medical examination and evaluation with initiation of diagnostic treatment program; intermediate, new patient. <b>92004.</b> Ophthalmological services: Medical examination and evaluation with initiation of diagnostic treatment program; comprehensive, new patient, one or more visits. <b>92015.</b> Determination of refractive state.	\$90-\$180
<b>92310</b> Contact lens fitting for corneal lenses, both eyes, except for aphakia.	\$45-\$75
<b>Established Patient</b>	
<b>92012.</b> Ophthalmological services: Medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient. <b>92014.</b> Ophthalmological services: Medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits. <b>92015.</b> Determination of refractive state.	\$90-\$160
<b>92310</b> Contact lens fitting for corneal lenses, both eyes, except for aphakia.	\$40-\$70
<b>Medical Exams</b>	
<b>New Patient</b>	
<b>99202.</b> Office or other outpatient visit , New Patient, Straightforward <b>99203.</b> Office or other outpatient visit , New Patient, Low Complexity <b>99204.</b> Office or other outpatient visit , New Patient, Moderate Complexity <b>99205.</b> Office or other outpatient visit , New Patient, High Complexity	\$75-\$250
<b>Established Patient</b>	
<b>99212.</b> Office or other outpatient visit , Est. Patient, Straightforward <b>99213.</b> Office or other outpatient visit , Est. Patient, Low Complexity <b>99214.</b> Office or other outpatient visit , Est. Patient, Moderate Complexity <b>99215.</b> Office or other outpatient visit , Est. Patient, High Complexity	\$60-\$220
<b>Testing</b>	
<b>92020.</b> Gonioscopy <b>92083.</b> Visual Field <b>92134.</b> OCT ONH/Macula <b>65210.</b> Foreign body removal, conjunctiva embedded <b>65222.</b> Foreign body removal, cornea, with slit lamp	\$35-\$90

Provider	Cassandra Wood
Location	2214 Fayetteville Rd Van Buren, AR 72956
NPI	1336750926