



SacEyeMD

Fee Schedule

- Dr. Chou is a participating provider for Medicare, Aetna (commercial and PPO), Cigna (commercial and PPO), and United Healthcare (commercial and PPO) health insurance plans. If you are a member of one of these insurance plans, claims will be submitted on your behalf. You will need to bring only your insurance card and co-payment to each visit.
- Dr. Chou is out of network provider for all other health insurance plans. For these insurances, full payment is due at the time of service. However, a billing summary will be provided after your visit which you may submit to your insurance provider for reimbursement.
- Referral is required at times depending on the insurance. If it your responsibility to determine if a referral is necessary. However, to avoid lack of reimbursement, a referral is strongly recommended.

CPT codes are provided so that you may contact your insurance company ahead of time to understand what you will be reimbursed.

Initial Visit: 60 minutes

Service Description	CPT Codes	Self-Pay Cost (no insurance)	Participating Insurances
<ul style="list-style-type: none">• Review of past medical records• Discussion and evaluation of concerns• Full examination including dilation• Required Imaging provided *• Discussion of findings, treatment recommendations• Required referrals, labs, medications provided	92004	\$250	Claim will be submitted for reimbursement. Patient is responsible for any balance not covered by insurance**

*The imaging studies have separate codes and the decision to use these codes are made during the visit based on a patient's need and ability to participate.

**Frequent reasons for having a balance: deductible not yet being met, insurance company's lack of coverage for billable service(s).



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Return visit full examination: 60

Service Description	CPT Codes	Self-Pay Cost (no insurance)	Participating Insurances
<ul style="list-style-type: none"> • Discussion and evaluation of concerns • Full examination including dilation • Required Imaging provided * • Discussion of findings, treatment recommendations • Required referrals, labs, medications provided 	92014	\$250	<p>Claim will be submitted for reimbursement.</p> <p>Patient is responsible for any balance not covered by insurance**</p>

*The imaging studies have separate codes and the decision to use these codes are made during the visit based on a patient's need and ability to participate.

**Frequent reasons for having a balance: deductible not yet being met, insurance company's lack of coverage for billable service(s).

Follow up visit: 30 minutes

Service Description	CPT Codes	Self-Pay Cost (no insurance)	Participating Insurances
<ul style="list-style-type: none"> • Discussion and evaluation of concerns • Slit lamp examination • Required Imaging provided * • Discussion of findings, treatment recommendations • Required referrals, labs, medications provided 	92012	\$150	<p>Claim will be submitted for reimbursement.</p> <p>Patient is responsible for any balance not covered by insurance**</p>

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**Frequent reasons for having a balance: deductible not yet being met, insurance company's lack of coverage for billable service(s).

A detailed fee schedule for the imaging studies can be requested at the office.

