



## Good Faith Estimate Notice

The federal government requires a good faith estimate for possible out of pocket expenses to be presented before an exam is completed. Here is a non-exhaustive list of services that may come out of pocket for UNCOVERED services.

Cash Pay or non-covered by current insurance:

Service	Cost	Full Exam Totals
Eye Exam	\$65	\$65
Refraction	\$24	\$89
Contact Lens Fit	\$25-\$40	\$114 - \$129
Hard Contact Fit	\$75	\$164
Diabetic Exam	\$85-\$90	\$85-104 with refraction

Medical Insurance without Vision Coverage:

Service	Cost	Due Today Totals
Refraction	\$24	\$24
Contact Lens Fit	\$25-40	\$49-\$64

Signature of receipt \_\_\_\_\_ Date: \_\_\_\_\_