

New England Eye & Facial Specialists

Service Fees (2022)

New Patient Complete Comprehensive Exam_____ \$150

New Patient Contact Lens fitting fee_____ \$150

(in addition to comprehensive exam fee, CL fee is not covered by insurance)

Existing Patient Contact lens Fitting fee yearly_____ \$100

(this service is not covered by insurance)

Office Visit_____ \$175

Refraction/ Refractive_____ \$50

Visual Field _____ \$175

OCT_____ \$100

Fluorescence Angiogram (FA) _____ \$300

Measure Pupillary distance (PD) _____ \$25

(this service is not covered by insurance, fee waived with purchase in optical shop)

*Service fees are for self pay / uninsured patients

**Contact lens fitting fees are for ALL patients. This service is not covered by insurance as contacts are deemed not medically necessary.