

## New England Eye & Facial Specialists

### Service Fees (7/2024)

New Patient Complete Comprehensive Exam\_\_\_\_\_ \$200

Spherical Contact Lens Exam fee \_\_\_\_\_ \$165

New & Existing patients (this service is not covered by insurance)

Toric / Multi focal / Specialty Contact Lens Exam Fee\_\_\_\_\_ \$185

New & Existing patients (this service is not covered by insurance)

Contact lens class (first 30 minutes)\_\_\_\_\_ \$60

Office Visit\_\_\_\_\_ \$200

Refraction/ Refractive\_\_\_\_\_ \$60

Visual Field \_\_\_\_\_ \$200

OCT\_\_\_\_\_ \$200

Fluorescence Angiogram (FA) \_\_\_\_\_ \$500

Measure Pupillary distance (PD) \_\_\_\_\_ \$30

(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.**