



## Advance Beneficiary Notice of Noncoverage (ABN)

Here at Nova Eye Care, we do our best to provide you with quality care. These special tests are done to detect disease and decay, as well as to ensure the overall health and quality of your eyes. Although we do submit these tests to your insurance, not all insurance providers will pay for these tests. A few reasons listed may be:

- Considered "experimental"
- Not covered
- Deductible has not been met

If your insurance **does not** cover your testing, Nova Eye Care will hold you financially responsible for the costs of the performed tests. Below you will find a list of the special tests and their associated cost. We may perform one or all of the following tests:

Name of Test	Medical Code	Cost
Office Visit –Moderate/Low, High/Moderate	99203, 99204	\$245.00, \$305.00
Ptosis Visual Field	92083	\$250.00
Electroretinography (ERG)	92275	\$220.00
Visual Evoke Potential (VEP)	95930	\$220.00
Optical Coherence Tomography (OCT)	92133, 92134	\$120.00
Perimetry Threshold Visual Fields (VF)	92083	\$220.00
Pachymetry	76514	\$ 55.00
Retinal Photo	92250	\$120.00
Color Vision Examination	92283	\$ 80.00
Corneal Topography	92025	\$ 60.00

**YES, I would like to continue the special testing. I understand the costs of these tests. I also understand that if my insurance does not cover these tests I will be held financially responsible.**

*NO, I do not want the services listed above. I understand that by declining these services, the doctor will be unable to determine the full health concerns of my eyes.*

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Patient Name

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Patient Signature

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Date