



Megan Stubinski, OD FAAO / Lora Mishler, OD
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Good Faith Estimate for Uninsured Patients

In compliance with Texas Optometry Board and the No Surprise Act, the following is a Good Faith Estimate for services rendered at Vision Source Cypress for cash pay patients:

I am requesting to have a cash pay eye health examination. I understand that once the evaluation is done by the doctor, I am responsible for the cost of the exam for which a rough estimate of costs has been presented to me prior to the initiation of the examination.

Disclaimer:

- Additional items may be required based on the results of the evaluation.
-The information provided is only an estimate of the total cost.

Patient Name: Patient Date of Birth:

Provider's Name: Lora Mishler, OD Provider's NPI: 1144715863 Provider's Tax ID#: 824568695

List of Services

Procedure Code(s) and expected charge (s):

Table with 2 columns: Procedure Code(s) and expected charge (s). Rows include 92015 Refraction with Optomap (\$109), 92310 Contact lens evaluation (\$79 -135), and 99203 / 99213 / 99204 / 99214 / 92012 Medical office visit (\$75 - 150+).

Other:

Diagnosis Code(s): H52.4 H52.13 H52.223 H04.123 H40.013

Other:

Patient Signature: Date: