



Barbara Davis Center Eye Clinic – Aurora, CO

Code	Description	Fee
92250	FUNDUS PHOTOGRAPHY W/INTRPRT & RPRT	\$390.00
99214	OUTPT ESTAB VST-LEVEL IV	\$512.00
92015	DETERMINE REFRACTIVE STATE	\$38.00
99204	OUTPT NEW VST-LVL IV	\$661.00
92134	SCAN CODI POSTERIOR SEG WIR RETINA	\$226.00
99213	OUTPT ESTAB VST-LVL III	\$361.00
92228	REMOTE IMAGING MONITOR & MGMT ACTIVE RETINAL DISEASE WPRIR UNILAT BILAT	\$173.00
99203	OUTPT NEW VST-LVL III	\$443.00
92012	OPH SVCS,INTERMED,ESTAB PT	\$454.00
99205	OUTPT NEW VST-LVL V	\$872.00
99215	OUTPT ESTAB VST-LVL V	\$714.00
92083	VISUAL FIELD,EXAM;EXTENDED	\$432.00

If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 303.493.7700 to discuss payment options prior to receiving a health care service from a health care provider at our clinic since posted health care prices may not reflect the actual amount of your financial responsibility.