



El plan que trabaja contigo

COMPENSATION

In consideration to the services offered by the Provider in the area of **OPTOMETRY** to the subscribers of Auxilio Salud Plus, Inc., according to the contract of services subscribe among the parts, the Plan compromises to pay the Provider the rates of ASP, less the applicable co pays:

| <i>CODES</i> | <i>DESCRIPTION</i> | <i>RATES</i> |
|--------------|---------------------------------|--------------|
| 92002* | Eye Exam New Patient | \$32.00 |
| 92012* | Eye Exam Established Patient | \$26.00 |
| 92015* | Refraction | \$23.00 |
| 92310* | Contact Lens Fitting | \$77.00 |
| V2020 | Vision Services Frame Purchases | \$100.00 |

**Less the applicable co-pay/coinsurance*

Note: Always verify if the contracted procedures are covered in the subscriber's policy. If you have doubts, please call our offices 787-756-5971.

These rates apply to services offered by the Provider from the execution of the contract by both parties.

Auxilio Salud Plus

Provider

License Number: _____

NPI Number: _____

Rev.1/2023