

# Financial information regarding cataract procedures

**Note: Eyesight Ophthalmic and the Surgical Centers bill insurance separately and collect fees separately.**

**Any fees due will be collected by Eyesight  
AND the Surgery Center PRIOR to surgery.**

**Please contact your insurance plan prior to surgery to ensure coverage.**

This is the BEST way to ensure you will not have unexpected charges after your procedure! Your insurance plan will ask the following:

**What is the CPT code for your procedure?**

**66984 – Cataract Surgery**

**What is the NPI number of the practice?**

**Eyesight Ophthalmic Services (for physician fees such as follow up care, evaluations, etc.)**  
**NPI: 1073736310**

**Coastal Surgical Center (for surgery, anesthesia, lenses, etc.)**  
**NPI: 1336713890**

They will likely provide you with a reference number. Please write that number down:

**Reference / Prior Authorization Number** \_\_\_\_\_

## BASIC CATARACT PACKAGE

This package is the best option for the individual who does not mind wearing glasses after cataract surgery. Most of the costs of Basic Cataract Surgery are covered by Medicare and other insurance companies. However, in addition to any deductibles, copayments and coinsurances required by the insurance company, the patient may have financial responsibility for additional testing recommended by their surgeon to achieve the best results after Basic Cataract Surgery.

	STANDARD	POST-LASIK	SELF PAY
<b>EYESIGHT FEES</b>			
PHYSICIAN FEE	Insurance fees	Insurance fees	\$ 2,235.00
EXAM FEE (collected during pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
<b>TOTAL COLLECTED FROM EYESIGHT</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,735.00</b>
<b>COASTAL SURGICAL CENTER FEES</b>			
FACILITY FEE	Insurance fees	Insurance fees	\$ 1,400.00
LENS FEE	Insurance fees	Insurance fees	\$ 65.00
ANESTHESIA FEE	Insurance fees	Insurance fees	\$ 300.00
<b>TOTAL COLLECTED FROM COASTAL SURGICAL CENTER</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,765.00</b>
<b>TOTAL FEES FOR BASIC CATARACT</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,500.00</b>

**Includes:** Pre and Intraoperative Planning and 3 months postoperative care.

**Patient Responsibility:** Insurance deductible, copay & Coinsurance.

## OPTIWAVE ANALYSIS ENHANCED VISION CORRECTION

This package is ideal for patients who have particularly dense cataracts or who would like to lessen the need for glasses after cataract surgery. This option offers increased outcome reliability through use of Optiwave Analysis Technology, which provides the best chance for increased distance and/or near vision. Medicare and other insurance companies pay most of the costs associated with removal of the cataract and placement of a standard lens. However, **in addition to any deductibles, copayments and coinsurances** the patient is responsible for paying the extra costs to Eyesight associated with the Optiwave Analysis Enhanced package in the amounts below.

	STANDARD	POST-LASIK	SELF PAY
<b>EYESIGHT FEES</b>			
PHYSICIAN FEE	\$ 900.00	\$ 900.00	\$ 3,135.00
EXAM FEE (collected during pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
<b>TOTAL COLLECTED FROM EYESIGHT</b>	<b>\$ 900.00</b>	<b>\$ 900.00</b>	<b>\$ 3,635.00</b>
<b>COASTAL SURGICAL CENTER FEES</b>			
FACILITY FEE	Insurance fees	Insurance fees	\$ 1,400.00
LENS FEE	Insurance fees	Insurance fees	\$ 65.00
ANESTHESIA FEE	Insurance fees	Insurance fees	\$ 300.00
<b>TOTAL COLLECTED FROM COASTAL SURGICAL CENTER</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,765.00</b>
<b>TOTAL FEES FOR OPTIWAVE ENHANCED by Eyesight &amp; Coastal</b>	<b>\$ 900.00</b>	<b>\$ 900.00</b>	<b>\$ 2,265.00</b>

**Includes:** Advance Pre and Intraoperative planning, additional topographical measurements and analysis, utilization of the Optiwave Analysis Technology, & 3 months of postoperative care.

**Patient Responsibility:** Insurance deductible, copay & Coinsurance

This package is designed for individuals with mild to moderate astigmatism. This surgery reduces astigmatism to enhance distance vision,

## TORIC ASTIGMATISM REDUCTION PACKAGE

improve night vision, and lessen the need for distance glasses. Patients will need glasses for near and intermediate tasks or may select monovision. Medicare and other insurance companies pay most of the costs associated with removal of the cataract and placement of a standard lens. However, insurances will not include or cover the extra costs associated with the treatment and additional specialized testing involved in the Astigmatism Reducing Package to either Eyesight or the Surgery Center.

	STANDARD	POST-LASIK	SELF PAY
<b>EYESIGHT FEES</b>			
PHYSICIAN FEE	\$ 1,800.00	\$ 2,100.00	\$ 3,650.00
EXAM FEE (collected during pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
<b>TOTAL COLLECTED FROM EYESIGHT</b>	<b>\$ 1,800.00</b>	<b>\$ 2,100.00</b>	<b>\$ 4,150.00</b>
<b>COASTAL SURGICAL CENTER FEES</b>			
FACILITY FEE	Insurance fees	Insurance fees	\$ 1,400.00
LENS FEE	\$ 450.00	\$ 450.00	\$ 450.00
ANESTHESIA FEE	Insurance fees	Insurance fees	\$ 300.00
<b>TOTAL COLLECTED FROM COASTAL SURGICAL CENTER</b>	<b>\$ 450.00</b>	<b>\$ 450.00</b>	<b>\$ 2,150.00</b>
<b>TOTAL FEES FOR ASTIGMATISM REDUCTION by Eyesight &amp; Coastal</b>	<b>\$ 2,250.00</b>	<b>\$ 2,550.00</b>	<b>\$ 6,300.00</b>

**Includes:** Advance Pre and Intraoperative planning, additional topographical measurements and analysis, utilization of the Optiwave Analysis Technology, & 3 months of postoperative care.

**Patient Responsibility:** Insurance deductible, copay & Coinsurance

## PRESBYOPIA REDUCTION PACKAGE

This package is the best option for individuals who want to reduce their dependency on glasses with today's most advanced lens technology. This package typically provides the largest range of good uncorrected vision. Patients typically see well in the distance, midrange and some near without glasses. There may be the need for some low powered reading glasses. Medicare and other insurance companies pay most of the costs associated with removal of the cataract and placement of a standard lens. However, insurances will not include or cover the extra costs associated with the treatment and additional specialized testing involved in the Presbyopia Reducing package to Eyesight or the upgraded lens implant needed for surgery due to Coastal Surgery Center.

	STANDARD	POST-LASIK	SELF PAY
<b>EYESIGHT FEES</b>			
PHYSICIAN FEE	\$ 2,300.00	\$ 2,600.00	\$ 3,900.00
EXAM FEE (collected during pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
<b>TOTAL COLLECTED FROM EYESIGHT</b>	<b>\$ 2,300.00</b>	<b>\$ 2,600.00</b>	<b>\$ 4,400.00</b>
<b>COASTAL SURGICAL CENTER FEES</b>			
FACILITY FEE	Insurance fees	Insurance fees	\$ 1,400.00
LENS FEE	\$ 950.00	\$ 950.00	\$ 950.00
ANESTHESIA FEE	Insurance fees	Insurance fees	\$ 300.00
<b>TOTAL COLLECTED FROM COASTAL SURGICAL CENTER</b>	<b>\$ 950.00</b>	<b>\$ 950.00</b>	<b>\$ 2,650.00</b>
<b>TOTAL FEES FOR PRESBYOPIA REDUCTION by Eyesight &amp; Coastal</b>	<b>\$ 3,250.00</b>	<b>\$ 3,550.00</b>	<b>\$ 7,050.00</b>

**Includes:** Advance Pre and Intraoperative planning, additional topographical measurements and analysis, utilization of the Optiwave Analysis Technology, & 3 months of postoperative care.

**Patient Responsibility:** Insurance deductible, copay & Coinsurance

**PAYMENT IS DUE A MINIMUM OF 1 WEEK PRIOR TO SURGERY.**

**Payment Options:** Interest-free financing available for up to 24 months and extended payment plans are available through [www.CareCredit.com](http://www.CareCredit.com). We also accept MasterCard, Visa, Discover, American Express, Cash or Check.



## Cataract Surgery with Advanced Presbyopia reducing Intraocular Lens and Monofocal Toric Intraocular Lens

### Health Plan Denials and Personal Obligation / Cash Pay

Your carrier will only pay the surgery center if the services you receive are covered under the terms and conditions of your Health Plan. Your benefits may be denied or reduced by your plan if the plan believes:

• the services are not medically necessary;	• the services are not ordered/performed by a participating physician;
• the procedure or test is a non-covered service	• the services are not provided in a participating facility;
• health plan pre-authorization requirements were not met:	• the insurance plan does not provide benefits for the patient.

Health Plans review surgical services to determine if the services are covered under policy benefits. The term "Medically Necessary," for most plans usually means services which are:

- appropriate and necessary for the symptoms, diagnosis or treatment of a medical condition
- within recognized standards of medical practice
- not primarily for the convenience of the member, the member's family and/or the physician
- the least costly of alternative supplies or levels of service, which can be safely and effectively provided the patient

At this time, the lens that will be used for your surgery is not a covered service by your healthcare plan. Payment for the lens must be received prior to or on the date of your surgery for the following amounts: **Please initial below your choice:**

BASIC		
	STANDARD	POST-LASIK
<b>FACILITY FEE</b>	Insurance fees	Insurance fees
<b>LENS FEE</b>	Insurance fees	Insurance fees
<b>ANESTHESIA FEE</b>	Insurance fees	Insurance fees
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>
		<b>\$1,765.00</b>

ASTIGMATISM / TORIC		
	STANDARD	POST-LASIK
Insurance fees	Insurance fees	\$1,400.00
\$450.00	\$450.00	\$450.00
Insurance fees	Insurance fees	\$300.00
<b>TOTAL</b>	<b>\$450.00</b>	<b>\$450.00</b>
		<b>\$2,150.00</b>

PRESBYOPIA REDUCTION		
	STANDARD	POST-LASIK
<b>FACILITY FEE</b>	Insurance fees	Insurance fees
<b>LENS FEE</b>	\$950.00	\$950.00
<b>ANESTHESIA FEE</b>	Insurance fees	Insurance fees
<b>TOTAL</b>	<b>\$950.00</b>	<b>\$950.00</b>
		<b>\$2,650.00</b>

OPTIWAVE ENHANCED		
	STANDARD	POST-LASIK
Insurance fees	Insurance fees	\$1,400.00
Insurance fees	Insurance fees	\$65.00
Insurance fees	Insurance fees	\$300.00
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>
		<b>\$1,765.00</b>

Your financial agreement with the surgery center is to pay for all services you receive, even those denied by your Health Plan. This agreement is a promise to pay for all services, to the extent not paid by some other party on your behalf.

The undersigned certifies that he/she has read the above, accepts financial responsibility for amounts listed above, and is the patient, the patient's agent, insured or guarantor.

Patient, Insured or Guarantor

Name of Patient

Witness

Date

**PAYMENT IS DUE A MINIMUM OF 1 WEEK PRIOR TO SURGERY –  
COASTAL SURGICAL WILL CONTACT YOU DIRECTLY TO COLLECT PAYMENT**

**PAYMENT OPTIONS:** Interest-free financing available for up to 24 months and extended payment plans are available through [www.CareCredit.com](http://www.CareCredit.com). We also accept MasterCard, Visa, Discover, American Express, Cash or Check to COASTAL SURGICAL CENTER.