



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 always 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 or 66982 for Complex Cataract Surgery

**If you are a Glaucoma patient and having an iStent or Hydrus:
66991 for Standard or 66989 for Complex**

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
EYESIGHT FEES			
PHYSICIAN FEE	Insurance fees	Insurance fees	\$ 2,235.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
TOTAL COLLECTED FROM EYESIGHT	\$ -	\$ -	\$ 2,735.00
COASTAL SURGICAL CENTER FEES			
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
TOTAL COLLECTED FROM COASTAL SURGICAL CENTER	\$ -	\$ -	\$ 1,765.00
TOTAL FEES FOR BASIC CATARACT	Insurance fees -	Insurance fees -	\$ 4,500.00

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
EYESIGHT FEES			
PHYSICIAN FEE	\$ 900.00	\$ 900.00	\$ 3,135.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
TOTAL COLLECTED FROM EYESIGHT	\$ 900.00	\$ 900.00	\$ 3,635.00
COASTAL SURGICAL CENTER FEES			
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
TOTAL COLLECTED FROM COASTAL SURGICAL CENTER	\$ -	\$ -	\$ 1,765.00
TOTAL FEES FOR OPTIWAVE ENHANCED by Eyesight & Coastal	\$ 900.00	\$ 900.00	\$ 2,265.00
	+ Insurance fees	+ Insurance fees	

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

TORIC ASTIGMATISM REDUCTION PACKAGE

This package is designed for individuals with mild to moderate astigmatism. This surgery reduces astigmatism to enhance distance vision, improve night vision, and lessen the need for distance glasses. Patients will need glasses for near and intermediate tasks. 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
EYESIGHT FEES			
PHYSICIAN FEE	\$ 1,800.00	\$ 2,100.00	\$ 3,650.00
EXAM FEE (collected during the 1 st pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
TOTAL COLLECTED FROM EYESIGHT	\$ 1,800.00	\$ 2,100.00	\$ 4,150.00
COASTAL SURGICAL CENTER FEES			
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
TOTAL COLLECTED FROM COASTAL SURGICAL CENTER	\$ 450.00	\$ 450.00	\$ 2,150.00
TOTAL FEES FOR ASTIGMATISM REDUCTION by Eyesight & Coastal	\$ 2,250.00 + Insurance fees	\$ 2,550.00 + Insurance fees	\$ 6,300.00

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
EYESIGHT FEES			
PHYSICIAN FEE	\$ 2,300.00	\$ 2,600.00	\$ 3,900.00
EXAM FEE (collected during the 1 st pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
TOTAL COLLECTED FROM EYESIGHT	\$ 2,300.00	\$ 2,600.00	\$ 4,400.00
COASTAL SURGICAL CENTER FEES			
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
TOTAL COLLECTED FROM COASTAL SURGICAL CENTER	\$ 950.00	\$ 950.00	\$ 2,650.00
TOTAL FEES FOR PRESBYOPIA REDUCTION by Eyesight & Coastal	\$ 3,250.00 + Insurance fees	\$ 3,550.00 + Insurance fees	\$ 7,050.00

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. We also accept MasterCard, Visa, Discover, American Express, Cash or Check.



Patient: _____

AUTHORIZATION TO PERFORM NON-COVERED SERVICES

Cataract Surgery & upgrade to a Presbyopia Reducing Package or Astigmatism Reducing Package or use of OptiWave Analysis

1. I have requested that my physician at Eyesight Ophthalmic Services perform my cataract surgery at Coastal Surgical Center and upgrade to a high technology Presbyopia Reducing package, Astigmatism Reducing package or use of OptiWave Analysis wavefront aberrometer with a basic package.
2. These upgrades **are not covered benefits by my insurance company**, and will not be paid for by my insurance company.
3. My insurance will only be billed for basic surgery procedures, which do not include the extra costs for the lens implants or the extra professional fees associated with the planning and execution of the surgery. The surgery center will bill your insurance for the basic cataract items and you will be responsible for the extra costs associated with the upgraded lens implant itself. The fee for the professional component of the upgraded surgery due to Eyesight is: (please circle):

	Toric Astigmatism Reducing	Presbyopia Reducing	Optiwave Enhanced Vision
Standard	\$1,800.00	\$2,300.00	\$ 900.00
Post Refractive Surgery	\$2,100.00	\$2,600.00	\$ 900.00
Self-Pay/Cosmetic	\$3,650.00	\$3,900.00	\$3,135.00

Payable to Eyesight Ophthalmic Services **one week prior** to the surgical procedure. Amount may be paid in the form of cash, credit card or check. Separate payments for each eye would be appreciated. Financing options are available with Care Credit.

My signature below indicates that I agree to accept responsibility for payment for the upgrade, and will not seek payment from my insurance company.

I understand that my permission is voluntary, that I may withdraw consent at any time, without prejudice to my present or future care at Eyesight Ophthalmic Services.

In addition, I understand that no surgical procedure can be guaranteed, and that during surgery unforeseeable circumstances may arise. Should medical opinion dictate that the Advanced lens should not be implanted, I will be billed for basic cataract surgery.

SIGNATURE OF PATIENT

DATE

SIGNATURE OF WITNESS

DATE

Surgery Date _____ OD (right eye)

Lens: Monofocal Toric Panoptix-Panoptix Toric Vivity-Vivity Toric OptiWave Analysis

Surgery Date _____ OS (left eye)

Lens: Monofocal Toric Panoptix-Panoptix Toric Vivity-Vivity Toric OptiWave Analysis



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 specialty lens that will be used for your surgery is not a covered service by your healthcare plan. Payment for the lens must be received at least 1 week prior to the date of your surgery for the following amounts: **Please initial below your choice:**

	BASIC		
	STANDARD	POST-LASIK	SELF PAY
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
TOTAL	Insurance fees	Insurance fees	\$1,765.00

	ASTIGMATISM / TORIC		
	STANDARD	POST-LASIK	SELF PAY
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
TOTAL	\$450.00 + Insurance fees	\$450.00 + Insurance fees	\$2,150.00

	OPTIWAVE ENHANCED		
	STANDARD	POST-LASIK	SELF PAY
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
TOTAL	Insurance fees	Insurance fees	\$1,765.00

	PRESBYOPIA REDUCTION PACKAGE		
	STANDARD	POST-LASIK	SELF PAY
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
TOTAL	\$950.00 + Insurance fees	\$950.00 + Insurance fees	\$2,650.00

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. We also accept MasterCard, Visa, Discover, American Express, Cash or Check to COASTAL SURGICAL CENTER.

Your family of Eyesight staff is here to assist you with every aspect of caring for your eyes.



Lucian
Szmyd Jr., MD



Warren
Goldblatt, MD



N. Timothy
Peters, MD



Marsha
Kavanagh, MD



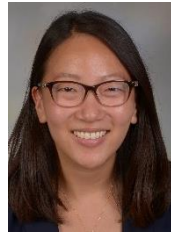
Timothy
Sullivan, MD



Claudia
Bartolini, MD



Kinley
Beck, MD



Jennifer
Ling, MD



Andre
Witkin, MD



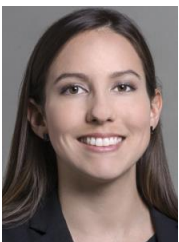
Christopher
Turner, OD



Lauren
McLoughlin, OD



Janet
Rand, OD



Renee
Lynch, OD



Hilary
Hamer, OD



Dwight
Arvidson, OD

PORTSMOUTH

155 Borthwick Avenue
Suite 200 East
Portsmouth, NH 03801
Tel: (603) 436-1773
Fax: (603) 427-0655

EXETER

McReel Building
192 Water Street
Exeter, NH 03833
Tel: (603) 778-1133
Fax: (603) 778-1055

SOMERSWORTH

267 Route 108
Somersworth, NH 03878
Tel: (603) 692-7500
Fax: (603) 692-7575

KITTERY, ME

99 US-1, Suite B
Kittery, ME 03904
Tel: (207) 439-4958
Fax: (207) 439-4313

CONTACT INFORMATION

Please contact your Eyesight surgical coordinator if you have any questions by dialing **603-501-7868** and entering their extension prompt.

PORTSMOUTH COORDINATORS:

Sandy x230

Leah x240

SOMERSWORTH COORDINATORS:

Cassie x263

Kimberly x541

EXETER COORDINATORS:

Deb x317

KITTERY COORDINATORS:

Rebecca x540

SURGERY CENTER CONTACTS:

Coastal Surgical Center - 291 Shattuck Way, Newington NH
603-314-8035 (before 4:30pm)

Portsmouth Ambulatory Surgery Center - 333 Borthwick Avenue, Portsmouth NH
603-433-0941 (before 5:30pm)

Frisbie Memorial Hospital - 11 Whitehall Road, Rochester NH
603-330-8936 (after 5pm 603-332-5211)

Wentworth Douglass Hospital – 789 Central Avenue, Dover NH
603-740-2281 (after 6pm 603-740-2433)

Exeter Hospital
5 Alumni Drive, Exeter NH 603-580-7568 (before 4:30pm)
603-580-7568 (before 4:30pm)