

Financial information regarding procedures

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

Any fees due will be collected SEPARATELY by both Eyesight AND the Surgery Center PRIOR to surgery. These fees must be collected prior to surgery or your surgery will be postponed.

Concerned about coverage? Contact your insurance plan prior to surgery.

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? (this code is used for both the physician and surgery center)

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

If you are a Glaucoma patient and having a goniotomy:

65820 - Incision Procedures on the Anterior Chamber of the Eye

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, lenses, etc.)

NPI: 1336713890

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

Reference / Prior Authorization Number _____

CREDIT CARD POLICY AT COASTAL SURGICAL CENTER: At the time of registration, they will request your credit card information. Your credit card numbers will be encrypted and stored securely off-site and not stored at the practice. Once your Explanation of Benefits (what the insurance company will pay towards your visit), is processed, they will wait 30 days to allow you time to pay the balance on your account. If your balance is not paid, your credit card will be charged for the outstanding balance that is your responsibility. Co-pays must be paid at the time of visit.

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 SURGICAL 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	\$ Insurance Fees	\$ Insurance Fees	\$ 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	\$ Insurance Fees	\$ Insurance Fees	\$ 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 post-LASIK patients without significant astigmatism, 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. **CONTACT LENSES MUST BE REMOVED 5 DAYS PRIOR TO SURGERY.**

	STANDARD	POST-LASIK	SELF PAY
EYESIGHT FEES			
PHYSICIAN SURGICAL FEE	\$ 900.00	\$ 900.00	\$ 3,135.00
EXAM FEE (collected during the 1 st 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	\$ Insurance Fees	\$ Insurance Fees	\$ 1,765.00
TOTAL FEES FOR OPTIWAVE ENHANCED by Eyesight & Coastal	\$ 900.00 + Insurance fees	\$ 900.00 + Insurance fees	\$ 5,400.00

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

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. **CONTACT LENSES MUST BE REMOVED 5 DAYS PRIOR TO SURGERY.**

	STANDARD	POST-LASIK	SELF PAY
EYESIGHT FEES			
PHYSICIAN SURGICAL 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	\$ 2,550.00	\$ 6,300.00
	+ 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. LASIK touchups, if necessary and medically possible, will be at no charge.

Patient Responsibility: Insurance deductible, copay & Coinsurance

PRESBYOPIA REDUCTION PACKAGE (Panoptix / Vivity)

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. **CONTACT LENSES MUST BE REMOVED 5 DAYS PRIOR TO SURGERY.**

	STANDARD	POST-LASIK	SELF PAY
EYESIGHT FEES			
PHYSICIAN SURGICAL 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	\$ 3,550.00	\$ 7,050.00
	+ 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. LASIK touchups, if necessary and medically possible, will be at no charge.

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 SERVICES - Cataract Surgery with an upgrade

1. I have requested that my physician at Eyesight Ophthalmic Services perform my cataract surgery at Coastal Surgical Center. My lens selection is initialed below
2. I understand that should I choose Optiwave, Toric/Astigmatism Reducing or Presbyopia reducing upgraded lenses, **they 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 my insurance for the basic cataract items and I 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 will be: (please circle and initial below):

	Optiwave Enhanced Vision	Toric Astigmatism Reducing	Presbyopia Reducing	Basic Lens
Standard	\$900.00	\$1,800.00	\$2,300.00	Insurance deductible & copayment fees
Post Refractive Surgery	\$900.00	\$2,100.00	\$2,600.00	
Self-Pay/Cosmetic	\$3,135.00	\$3,650.00	\$3,900.00	\$2,235.00

**I CHOOSE THE
FOLLOWING:**_____
*If chosen, initial above*_____
*If chosen, initial above*_____
*If chosen, initial above*_____
If chosen, initial above

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. Extended and interest free financing options may be available through Care Credit (www.CareCredit.com).

My signature below indicates that I agree to accept responsibility for payment for the upgrade, if I have selected an 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. If I have chosen an Advanced lens, and should medical opinion dictate that the Advanced lens should not be implanted, I will be billed for basic cataract surgery.

SIGNATURE OF PATIENT_____
SIGNATURE OF WITNESS_____
DATE_____
DATE

Surgery Date _____ OD (right eye)

Lens: ☐ Monofocal Toric ☐ Panoptix-Panoptix Toric ☐ Vivivity-Vivivity Toric ☐ OptiWave Analysis ☐ BASIC

Surgery Date _____ OS (left eye)

Lens: ☐ Monofocal Toric ☐ Panoptix-Panoptix Toric ☐ Vivivity-Vivivity Toric ☐ OptiWave Analysis ☐ BASIC



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
Insurance fees	Insurance fees	Insurance fees	\$1,400.00
	\$450.00	\$450.00	\$450.00
Insurance fees	Insurance fees	Insurance fees	\$300.00
	\$450.00	\$450.00	\$2,150.00
	+ Insurance fees	+ Insurance fees	

	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
Insurance fees	Insurance fees	Insurance fees	\$1,400.00
	\$950.00	\$950.00	\$950.00
Insurance fees	Insurance fees	Insurance fees	\$300.00
	\$950.00	\$950.00	\$2,650.00
	+ Insurance fees	+ Insurance fees	

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, MD



Claudia Bartolini, MD



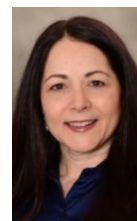
Christopher Turner, OD



Warren Goldblatt, MD



Kinley Beck, MD



Lauren McLoughlin, OD



N. Timothy Peters, MD



Jennifer Ling, MD



Janet Rand, OD



Marsha Kavanagh, MD



Jason Szelog, MD



Renee Lynch, OD



Timothy Sullivan, MD



Nathaniel Sears, MD



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