

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.

SURGICAL FEE SCHEDULE (PER EYE)

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 BY 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 BY 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.

| | STANDARD | POST-LASIK | SELF PAY |
|---|-----------------------------------|-----------------------------------|--------------------|
| EYESIGHT FEES | | | |
| PHYSICIAN SURGICAL 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 BY 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 BY 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 BY 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 BY 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. 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 BY 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 BY 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. LASIK touchups, if necessary and medically possible, will be at no charge.

Patient Responsibility: Insurance deductible, copay & Coinsurance

LIGHT ADJUSTABLE LENS / RLE PACKAGE

The Light Adjustable Lens (LAL) is the only IOL that enables you and your doctor to design, trial, and customize your vision after cataract surgery. The LAL is made of a special photo-sensitive material that changes the power of your implanted lens in response to UV light. What is unique about the Light Adjustable Lens is that, after your eye heals, you return to your eye doctor to have your vision tested and you and your eye doctor will select a custom prescription for your lens based on your own eyes and unique lifestyle requirements. Between 1-3 total light treatments, each lasting approximately 90 seconds, will help you achievement of your desired visual outcome.

| | STANDARD | POST-LASIK | SELF PAY |
|---|---|---|--------------------|
| EYESIGHT FEES | | | |
| PHYSICIAN SURGICAL FEE | \$ 3,150.00 | \$ 3,450.00 | \$ 4,650.00 |
| EXAM FEE (collected during the 1 st pre-operative exam) | Insurance fees | Insurance fees | \$ 500.00 |
| TOTAL COLLECTED BY EYESIGHT | \$ 3,150.00 | \$ 3,450.00 | \$ 5,150.00 |
| COASTAL SURGICAL CENTER FEES | | | |
| FACILITY FEE | Insurance fees | Insurance fees | \$ 1,400.00 |
| LENS FEE | \$ 1,100.00 | \$ 1,100.00 | \$ 1,100.00 |
| ANESTHESIA FEE | Insurance fees | Insurance fees | \$ 300.00 |
| TOTAL COLLECTED BY COASTAL SURGICAL CENTER | \$ 1,100.00 | \$ 1,100.00 | \$ 2,800.00 |
| TOTAL FEES FOR LIGHT ADJUSTABLE LENS by Eyesight & Coastal | \$ 4,250.00 + Insurance fees | \$ 4,550.00 + Insurance fees | \$ 7,950.00 |

Includes: Advance Pre and Intraoperative planning, additional topographical measurements and analysis, up to 8 post-operative visits with up to 3 prescription adjustments. **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.

SURGERY 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

EXETER COORDINATORS:

Deb x317

SOMERSWORTH COORDINATORS:

Cassie x263 Kimberly x541

KITTERY COORDINATORS:

Rebecca x540

SURGERY CENTER CONTACTS:

Coastal Surgical Center - 291 Shattuck Way, Newington NH

603-314-8035 (before 4:30pm)

Wentworth Douglass Hospital – 789 Central Avenue, Dover NH

603-740-2281 (after 6pm 603-740-2433)

Frisbie Memorial Hospital - 11 Whitehall Road, Rochester NH

603-330-8936 (after 5pm 603-332-5211)

Exeter Hospital - 5 Alumni Drive, Exeter NH

603-580-7568 (before 4:30pm)



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 | Light Adjustable Lens (LAL or LAL+) / RLE | Basic Lens |
|--------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---|---------------------------------------|
| Standard | \$ 900.00 | \$ 1,800.00 | \$ 2,300.00 | \$ 3,150.00 | Insurance deductible & copayment fees |
| Post Refractive Surgery | \$ 900.00 | \$ 2,100.00 | \$ 2,600.00 | \$ 3,450.00 | |
| Self-Pay/Cosmetic | \$ 3,135.00 | \$ 3,650.00 | \$ 3,900.00 | \$ 5,150.00 | \$ 2,235.00 |
| I CHOOSE THE FOLLOWING: | _____ <i>If chosen, initial above</i> | _____ <i>If chosen, initial above</i> | _____ <i>If chosen, initial above</i> | _____ <i>If chosen, initial above</i> | _____ <i>If chosen, initial above</i> |

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 Vivity-Vivity Toric OptiWave Analysis LAL LAL+ BASIC

Surgery Date _____ OS (left eye)

Lens: Monofocal Toric Panoptix-Panoptix Toric Vivity-Vivity Toric OptiWave Analysis LAL LAL+ BASIC

Cataract Surgery with Advanced Presbyopia, Monofocal, Toric, or Light Adjustable 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:

| | |
|---|---|
| <ul style="list-style-type: none"> • the services are not medically necessary; • the procedure or test is a non-covered service • health plan pre-authorization requirements were not met. | <ul style="list-style-type: none"> • the services are not ordered/performed by a participating physician; • the services are not provided in a participating facility; • 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 AND / OR 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 | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------|
| | STANDARD | POST-LASIK | SELF PAY |
| Insurance fees | Insurance fees | Insurance fees | \$ 1,400.00 |
| \$ 950.00 | \$ 950.00 | \$ 950.00 | \$ 950.00 |
| Insurance fees | Insurance fees | Insurance fees | \$ 300.00 |
| \$ 950.00 + Insurance fees | \$ 950.00 + Insurance fees | \$ 950.00 + Insurance fees | \$ 2,650.00 |

| 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 |

| LIGHT ADJUSTABLE / RLE | | | |
|---------------------------------|---------------------------------|---------------------------------|-------------|
| | STANDARD | POST-LASIK | SELF PAY |
| Insurance fees | Insurance fees | Insurance fees | \$ 1,400.00 |
| \$ 1,100.00 | \$ 1,100.00 | \$ 1,100.00 | \$ 1,100.00 |
| Insurance fees | Insurance fees | Insurance fees | \$ 300.00 |
| \$ 1,100.00 + Insurance fees | \$ 1,100.00 + Insurance fees | \$ 1,100.00 + Insurance fees | \$ 2,800.00 |

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 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.



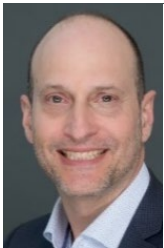
Lucian Szmyd, MD



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