### UNDERSTANDING THE COSTS RELATED TO YOUR UPCOMING SURGERY

### **Cataract Surgery Coverage:**

- Basic cataract surgery is typically covered by your medical insurance if you have visually significant cataracts that affect your daily life.
- This means that the procedure itself is considered medically necessary, and your insurance will help cover the costs.

#### Copays and Deductibles:

- Even though your surgery may be covered by insurance, you may still have to pay a copay (a fixed fee for the service) and a deductible (the amount you pay out-of-pocket before insurance starts covering costs).
- These fees are standard in many insurance plans and apply to various medical procedures, including cataract surgery.

### **Premium Lens Upgrades:**

- If you choose a premium lens upgrade or service such as Optiwave, Toric Lens, Presbyopic Lens or a Light Adjustable Lens (LAL), these options provide additional benefits, such as improved vision at multiple distances.
- Since these premium lenses are considered enhancements beyond basic coverage, you will be responsible for the full cost of the upgrade.

### **Billing Process:**

- We will bill your insurance for the cataract surgery, regardless of your lens choice.

That is considered the cost of the <u>procedure</u> itself.

 However, the costs for the premium lens upgrade will be billed separately, as they are <u>not</u> <u>covered</u> by insurance.

### 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, particularly for copays and deductibles. You will receive charges from BOTH Eyesight AND the SURGICAL CENTER. Your insurance plan will need to know 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

For Glaucoma patients:

iStent or Hydrus: 66991 for Standard or 66989 for Complex

Goniotomy: 65820 - Incision Procedures on the Anterior Chamber of the Eye

iDose: 0660T

**At the surgery center**, for pain after surgery and to minimize inflammation, your surgeon may use:

Dextenza (a dexamethasone insert) -J1096 (4 units)

and

**Iheezo (anti-inflammatory) - J2403 (800 units)** 

What is the NPI number of the practice?

**Eyesight Ophthalmic Services (for physician fees, 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\_\_\_\_\_



# 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	\$ 2,000.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
TOTAL COLLECTED BY EYESIGHT	\$ Insurance Fees	\$ Insurance Fees	\$ 2,500.00
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 by Eyesight & Coastal Surgical Center	\$ Insurance Fees	\$ Insurance Fees	\$ 4,265.00

**Includes:** Pre and Intraoperative Planning and 3 months of postoperative care. **Patient Responsibility:** Insurance deductible, co-pay & coinsurance, and pre/post-operative eyedrops.

## OPTIWAVE ANALYSIS ENHANCED VISION CORRECTION

This package is ideal for patients with dense cataracts or post-LASIK patients without significant astigmatism who want to reduce their need for glasses after cataract surgery. It offers improved outcome reliability with Optiwave Analysis Technology, which enhances distance and/or near vision. While Medicare and most insurance cover cataract removal and standard lens placement, patients are responsible for deductibles, copayments, and the additional costs of the Optiwave Analysis Enhanced package as outlined below. CONTACT LENSES MUST BE REMOVED 5 DAYS PRIOR TO SURGERY.

	S	TANDARD		POST-LASIK	SI	ELF PAY
EYESIGHT FEES						
PHYSICIAN SURGICAL FEE	\$	1,050.00	\$	1,050.00	\$	3,050.00
EXAM FEE (collected during the 1st pre-operative exam)	Ins	surance fees		Insurance fees	\$	500.00
TOTAL COLLECTED BY EYESIGHT	\$	1,050.00	\$	1,050.00	\$	3,550.00
COASTAL SURGICAL CENTER FEES						
FACILITY FEE	Ins	surance fees		Insurance fees	\$	1,400.00
LENS FEE	Ins	surance fees		Insurance fees	\$	65.00
ANESTHESIA FEE	Ins	surance fees		Insurance fees	\$	300.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	\$ Insi	urance Fees	\$	Insurance Fees	\$	1,765.00
TOTAL FEES FOR OPTIWAVE ENHANCED	\$	1,050.00	\$	1,050.00	\$ !	5,315.00
by Eyesight & Coastal Surgical Center	+ Ins	urance fees	+	Insurance fees		

Includes: Imprimis pre/post operative drops & Klarity lubricating drops (1 bottle of each, per surgical eye), advanced 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. If Imprimis is not recommended, or if other prescriptions are required, the patient is responsible for the costs associated with any pharmacy prescriptions.

### 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		<b>SELF PAY</b>	
EYESIGHT FEES						
PHYSICIAN SURGICAL FEE	\$	1,950.00	\$	2,250.00	\$	3,950.00
EXAM FEE (collected during the 1st pre-operative exam)		Insurance fees		Insurance fees	\$	500.00
TOTAL COLLECTED BY EYESIGHT	\$	1,950.00	\$	2,250.00	\$	4,450.00
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	\$	2,400.00	\$	2,700.00	\$	6,600.00
by Eyesight & Coastal Surgical Center	+	Insurance fees	+	Insurance fees		

Includes: Imprimis pre/post operative drops & Klarity lubricating drops (1 bottle of each, per surgical eye), advanced Pre and Intraoperative planning, additional topographical measurements and analysis, utilization of the Optiwave Analysis Technology, and 3 months of postoperative care. Patient Responsibility: Insurance deductible, copay & coinsurance. If Imprimis is not recommended, or if other prescriptions are required, the patient is responsible for the costs associated with any pharmacy prescriptions.

# 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.** 

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	STANDARD	POST-LASIK	SELF PAY
EYESIGHT FEES			
PHYSICIAN SURGICAL FEE	\$ 2,450.00	\$ 2,750.00	\$ 4,450.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
TOTAL COLLECTED BY EYESIGHT	\$ 2,450.00	\$ 2,750.00	\$ 4,950.00
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	\$ 3,400.00	\$ 3,700.00	\$ 7,600.00
by Eyesight & Coastal Surgical Center	+ Insurance fees	+ Insurance fees	

Includes: Imprimis pre/post operative drops & Klarity lubricating drops (1 bottle of each, per surgical eye), advanced Pre and Intraoperative planning, additional topographical measurements and analysis, utilization of the Optiwave Analysis Technology, and 3 months of postoperative care. Patient Responsibility: Insurance deductible, copay & coinsurance. If Imprimis is not recommended, or if other prescriptions are required, the patient is responsible for the costs associated with any pharmacy prescriptions.

14

# LIGHT ADJUSTABLE LENS (LAL / LAL+) 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.

	S	TANDARD	SELF PAY		
EYESIGHT FEES					
PHYSICIAN SURGICAL FEE	\$	3,300.00	\$	5,300.00	
EXAM FEE (collected during the 1st pre-operative exam)		Insurance fees	\$	500.00	
TOTAL COLLECTED BY EYESIGHT	\$	3,300.00	\$	5,800.00	
COASTAL SURGICAL CENTER FEES					
FACILITY FEE	_	Insurance fees	\$	1,400.00	
LENS FEE	\$	1,100.00	\$	1,100.00	
ANESTHESIA FEE		Insurance fees	\$	300.00	
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	\$	1,100.00	\$	2,800.00	
TOTAL FEES FOR LIGHT ADJUSTABLE LENS by Eyesight & Coastal Surgical Center	\$	4,400.00	\$	8,600.00	
by Lyesigni & Coastal Guigical Center	+ Inst	irance fees			

Includes: Imprimis pre/post operative drops & Klarity lubricating drops (1 bottle of each, per surgical eye), advanced 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. If Imprimis is not recommended, or if other prescriptions are required, the patient is responsible for the costs associated with any pharmacy prescriptions.

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

<u>Payment Options:</u> Interest-free financing available for up to 24 months and extended payment plans are available through <a href="https://www.CareCredit.com">www.CareCredit.com</a>. We also accept MasterCard, Visa, Discover, American Express, Cash or Check.

**CREDIT CARD POLICY AT COASTAL SURGICAL CENTER**: At the time of registration, they'll ask for a credit card and store the info safely. After your insurance pays its part, you'll have 30 days to pay what's left. If you don't, they'll charge the card you gave them.. Co-pays must be paid at the time of visit.

### **SURGERY CONTACT INFORMATION**

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)

Or contact your Eyesight surgical coordinator if you have any questions by dialing 603-501-7868 and the extension

**PORTSMOUTH COORDINATORS:** 

Sandy x230 Leah J. x240

**SOMERSWORTH COORDINATORS:** 

Cassie x263 Kimberly x541 Leah S. x631

**EXETER COORDINATORS:** 

**Deb x317** 

**KITTERY COORDINATORS:** 

Rebecca x540 Leah S. x631

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



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