

## 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 procedure itself.
- However, the costs for the premium lens upgrade will be billed separately, as they are not covered 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** \_\_\_\_\_

## BASIC CATARACT PACKAGE *(per eye)*

This is the best option if you do 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

	STANDARD	POST-LASIK	SELF PAY
<b>EYESIGHT FEES</b>			
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
<b>TOTAL COLLECTED BY EYESIGHT</b>	<b>\$ Insurance Fees</b>	<b>\$ Insurance Fees</b>	<b>\$ 2,500.00</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	\$ 560.00
<b>TOTAL COLLECTED BY COASTAL SURGICAL CENTER</b>	<b>\$ Insurance Fees</b>	<b>\$ Insurance Fees</b>	<b>\$ 2,025.00</b>
<b>TOTAL FEES FOR BASIC CATARACT by Eyesight &amp; Coastal Surgical Center</b>	<b>\$ Insurance Fees</b>	<b>\$ Insurance Fees</b>	<b>\$ 4,525.00</b>

**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 *(per eye)*

This package is ideal if you don't have astigmatism and want to maximize your distance vision without glasses. It is also beneficial if you have a dense cataract or have had LASIK. 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. **REMOVE CONTACT LENSES PRIOR TO SURGERY (see page 2)**

	STANDARD	POST-LASIK	SELF PAY
<b>EYESIGHT FEES</b>			
PHYSICIAN SURGICAL FEE (plus basic cataract billing through insurance)	\$ 1,050.00	\$ 1,050.00	\$ 3,050.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
<b>TOTAL COLLECTED BY EYESIGHT</b>	<b>\$ 1,050.00</b>	<b>\$ 1,050.00</b>	<b>\$ 3,550.00</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	\$ 560.00
<b>TOTAL COLLECTED BY COASTAL SURGICAL CENTER</b>	<b>\$ Insurance Fees</b>	<b>\$ Insurance Fees</b>	<b>\$ 2,025.00</b>
<b>TOTAL FEES FOR OPTIWAVE ENHANCED by Eyesight &amp; Coastal Surgical Center</b>	<b>\$ 1,050.00 + Insurance fees</b>	<b>\$ 1,050.00 + Insurance fees</b>	<b>\$ 5,575.00</b>

**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 *(per eye)*

This package is ideal if you have astigmatism and want to maximize your distance vision without glasses. You will still 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. **REMOVE CONTACT LENSES PRIOR TO SURGERY (see page 2)**

	STANDARD	POST-LASIK	SELF PAY
<b>EYESIGHT FEES</b>			
PHYSICIAN SURGICAL FEE (plus basic cataract billing through insurance)	\$ 1,950.00	\$ 2,250.00	\$ 3,950.00
EXAM FEE (collected during the 1 <sup>st</sup> pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
<b>TOTAL COLLECTED BY EYESIGHT</b>	<b>\$ 1,950.00</b>	<b>\$ 2,250.00</b>	<b>\$ 4,450.00</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	\$ 560.00
<b>TOTAL COLLECTED BY 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 Surgical Center</b>	<b>\$ 2,400.00 + Insurance fees</b>	<b>\$ 2,700.00 + Insurance fees</b>	<b>\$ 6,600.00</b>

**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) *(per eye)*

This package is ideal if you want a range of vision with reduced need for glasses. The PanOptix provides best range of vision but can cause some glare and halo at night. The Vivity provides distance and intermediate vision, but you will still rely on glasses for reading. 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 PanOptix/Vivity package to Eyesight or the upgraded lens implant needed for surgery due to Coastal Surgery Center. **REMOVE CONTACT LENSES PRIOR TO SURGERY (see page 2)**

	STANDARD	POST-LASIK	SELF PAY
<b>EYESIGHT FEES</b>			
PHYSICIAN SURGICAL FEE (plus basic cataract billing through insurance)	\$ 2,450.00	\$ 2,750.00	\$ 4,450.00
EXAM FEE (collected during the 1 <sup>st</sup> pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
<b>TOTAL COLLECTED BY EYESIGHT</b>	<b>\$ 2,450.00</b>	<b>\$ 2,750.00</b>	<b>\$ 4,950.00</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	\$ 560.00
<b>TOTAL COLLECTED BY COASTAL SURGICAL CENTER</b>	<b>\$ 950.00</b>	<b>\$ 950.00</b>	<b>\$ 2,910.00</b>
<b>TOTAL FEES FOR PRESBYOPIA REDUCTION by Eyesight &amp; Coastal Surgical Center</b>	<b>\$ 3,400.00 + Insurance fees</b>	<b>\$ 3,700.00 + Insurance fees</b>	<b>\$ 7,860.00</b>

**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.

## LIGHT ADJUSTABLE LENS (LAL / LAL+) PACKAGE *(per eye)*

The Light Adjustable Lens (LAL) is the only lens that enables you and your doctor to customize and adjust your vision after surgery. Each lens provides moderate range of vision, and most people will try varying degrees of blended vision, with one eye optimized for distance, and the other eye with greater near vision. You will need to wear UV protective glasses during the post-op adjustment period which takes place over the course of several months.

	STANDARD	SELF PAY
<b>EYESIGHT FEES</b>		
PHYSICIAN SURGICAL FEE (plus basic cataract billing through insurance)	\$ 3,300.00	\$ 5,300.00
EXAM FEE (collected during the 1 <sup>st</sup> pre-operative exam)	Insurance fees	\$ 500.00
<b>TOTAL COLLECTED BY EYESIGHT</b>	<b>\$ 3,300.00</b>	<b>\$ 5,800.00</b>
<b>COASTAL SURGICAL CENTER FEES</b>		
FACILITY FEE	Insurance fees	\$ 1,400.00
LENS FEE	\$ 1,100.00	\$ 1,100.00
ANESTHESIA FEE	Insurance fees	\$ 560.00
<b>TOTAL COLLECTED BY COASTAL SURGICAL CENTER</b>	<b>\$ 1,100.00</b>	<b>\$ 3,060.00</b>
<b>TOTAL FEES FOR LIGHT ADJUSTABLE LENS by Eyesight &amp; Coastal Surgical Center</b>	<b>\$ 4,400.00 + Insurance fees</b>	<b>\$ 8,860.00</b>

**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.**

**Payment Options:** Interest-free financing available for up to 18 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.

**CREDIT CARD POLICY AT COASTAL SURGICAL CENTER:** At the time of registration, you will be asked for a credit card to store on file. After your insurance pays its part, you'll have 30 days to pay the remaining balance. After 30 days, the remaining balance will be charged to your credit card. Co-pays must

## 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 B. x240

### EXETER COORDINATORS:

Heather x317

### SOMERSWORTH COORDINATORS:

Cassie x263 Kimberly x541 Leah S. x631

### KITTERY COORDINATORS:

Leah S. x631 Rebecca x540

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



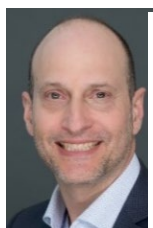
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Jason Szelog, MD



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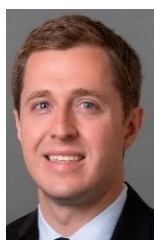
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Timothy Sullivan, MD



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## PORTSMOUTH

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

## SOMERSWORTH

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

## EXETER

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

## KITTERY, ME

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

## SANFORD, ME

272 Cottage Street - Sanford, ME 04073  
Tel: (207) 324-3380 Fax: (207) 490-9174

[www.EyesightNH.com](http://www.EyesightNH.com)