

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
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	\$ 560.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	\$ Insurance Fees	\$ Insurance Fees	\$ 2,025.00
TOTAL FEES FOR BASIC CATARACT by Eyesight & Coastal Surgical Center	\$ Insurance Fees	\$ Insurance Fees	\$ 4,525.00

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 *(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
EYESIGHT FEES			
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
TOTAL COLLECTED BY EYESIGHT	\$ 1,050.00	\$ 1,050.00	\$ 3,550.00
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	\$ 560.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	\$ Insurance Fees	\$ Insurance Fees	\$ 2,025.00
TOTAL FEES FOR OPTIWAVE ENHANCED by Eyesight & Coastal Surgical Center	\$ 1,050.00 + Insurance fees	\$ 1,050.00 + Insurance fees	\$ 5,575.00

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
EYESIGHT FEES			
PHYSICIAN SURGICAL FEE (plus basic cataract billing through insurance)	\$ 1,950.00	\$ 2,250.00	\$ 3,950.00
EXAM FEE (collected during the 1 st 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	\$ 560.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	\$ 450.00	\$ 450.00	\$ 2,410.00
TOTAL FEES FOR ASTIGMATISM REDUCTION by Eyesight & Coastal Surgical Center	\$ 2,400.00 + Insurance fees	\$ 2,700.00 + Insurance fees	\$ 6,860.00

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
EYESIGHT FEES			
PHYSICIAN SURGICAL FEE (plus basic cataract billing through insurance)	\$ 2,450.00	\$ 2,750.00	\$ 4,450.00
EXAM FEE (collected during the 1 st 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	\$ 560.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	\$ 950.00	\$ 950.00	\$ 2,910.00
TOTAL FEES FOR PRESBYOPIA REDUCTION by Eyesight & Coastal Surgical Center	\$ 3,400.00 + Insurance fees	\$ 3,700.00 + Insurance fees	\$ 7,860.00

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
EYESIGHT FEES		
PHYSICIAN SURGICAL FEE (plus basic cataract billing through insurance)	\$ 3,300.00	\$ 5,300.00
EXAM FEE (collected during the 1 st 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	\$ 560.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	\$ 1,100.00	\$ 3,060.00
TOTAL FEES FOR LIGHT ADJUSTABLE LENS by Eyesight & Coastal Surgical Center	\$ 4,400.00 + Insurance fees	\$ 8,860.00

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. 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

SOMERSWORTH COORDINATORS:

Cassie x263 Kimberly x541 Leah S. x631

EXETER COORDINATORS:

Heather x317

KITTERY COORDINATORS:

Leah S. x631 Rebecca x540

Patient: _____

AUTHORIZATION TO PERFORM SERVICES - Cataract Surgery with an upgrade (per eye)

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+)	Basic Lens
Standard	\$ 1,050.00	\$ 1,950.00	\$ 2,450.00	\$ 3,300.00	Insurance deductible & copayment fees
Post Refractive Surgery	\$ 1,050.00	\$ 2,250.00	\$ 2,750.00	\$ 3,300.00	
Self-Pay/Cosmetic	\$ 3,050.00	\$ 3,950.00	\$ 4,450.00	\$ 5,300.00	\$ 2,000.00

**I CHOOSE THE
FOLLOWING:**

*If chosen, initial
above*

*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. The 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: ☐ Toric ☐ Panoptix-Panoptix Toric ☐ Vivity-Vivity Toric ☐ Optiwave Analysis ☐ LAL ☐ LAL+ ☐ BASIC

Surgery Date _____ OS (left eye)

Lens: ☐ 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:

• 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:**

Per eye prices

	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	\$ 560.00
TOTAL	Insurance fees	Insurance fees	\$ 2,025.00

	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	\$ 560.00
\$ 950.00	\$ 950.00	\$ 950.00	\$ 2,910.00
+ Insurance fees	+ Insurance fees	+ Insurance fees	

	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	\$ 560.00
TOTAL	\$ 450.00	\$ 450.00	\$ 2,410.00
	+ Insurance fees	+ Insurance fees	

	LIGHT ADJUSTABLE LENS	
	STANDARD	SELF PAY
Insurance fees	Insurance fees	\$ 1,400.00
\$ 1,100.00	\$ 1,100.00	\$ 1,100.00
Insurance fees	Insurance fees	\$ 560.00
\$ 1,100.00	\$ 1,100.00	\$ 3,060.00
+ 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 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.



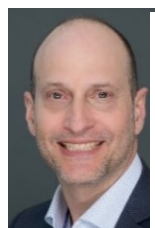
Lucian Szmyd, MD



Kinley Beck, MD



Christopher Turner, OD



Warren Goldblatt, MD



Jennifer Ling, MD



Lauren McLoughlin, OD



N. Timothy Peters, MD



Jason Szelog, MD



Janet Rand, OD



Marsha Kavanagh, MD



Nathaniel Sears, MD



Renee Lynch, OD



Timothy Sullivan, MD



Dana Graichen, MD



Hilary Hamer, OD



Dwight Arvidson, OD



Claudia Bartolini, MD



Greg Marrow, OD



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