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**North Cascade Eye Associates/Eye Associates Surgery Center**

**CO-MANAGEMENT POLICY AND PROCEDURE MANUAL**

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INTRODUCTION

Patients choosing co-management for their pre and post-operative surgical care experience the benefits and convenience of continuity of care by their Primary Eye Care Provider (PECP). This manual outlines the process that North Cascade Eye Associates follows for the co-management treatment of cataract and refractive surgery patients. Together with our co-managing doctors, we will provide the highest quality of care for our shared patients.

North Cascade Eye Associates is pleased to offer primary eye care providers an opportunity to participate in the pre and post-operative portions of the surgical process. These guidelines comply with applicable state and federal statutes and regulations regarding co-management of patient care and referral arrangements.

1 The selection of an operating surgeon for patient referral will be based on providing the best potential outcome and convenience for the patient. Financial relationships between providers will not be a factor.

2 The patient’s right to choose the method of post-operative care will be recognized and will be consistent with the best medical interest of the patient.

3 Co-managing doctors will be ODs or MDs licensed to practice in Washington.

4 The transfer of post-operative care will always be clinically appropriate and depend on the particular facts and circumstances of the surgical event.

5 Following surgery, transfer of care from the operating surgeon to the co-managing provider will occur when clinically appropriate at a mutually agreed upon time or circumstance, and such time will be clearly documented via correspondence and included in the patient’s medical record. This information will be included in the referral letter from the ophthalmic surgeon to the co-managing provider at the time of transfer of care.

6 The operating surgeon and the co-managing provider will communicate during the postoperative period to assure the best possible outcome for the patient.

7 Compensation for care will be commensurate with the services provided. Cases involving care for Medicare beneficiaries will reflect the proper use of modifiers and other Medicare billing instructions.

Step-by-step instructions and co-management forms are provided in the following sections of this manual.
STEP-BY-STEP PROCESS FOR SURGICAL CO-MANAGEMENT

The patient is seen by his/her Primary Eye Care Provider (PECP) and charged the usual and customary fee for a complete examination. The doctor identifies the patient’s need for cataract surgery or the patient’s desire for refractive surgery and completes the Pre-Op Examination and Consultation Request Form (page 7) and faxes to (360) 424-6954. Note: The PECP can use internal forms in lieu of the forms in this manual.

1. The referring PECP educates the patient regarding the process of cataract or refractive surgery.

2. The referring PECP discusses the typical co-management treatment plan and explains what care will be provided by the ophthalmic surgeon and the optometric physician (a fax cover sheet is provided in this manual).

3. The Patient Coordinator (PC) at the Surgery Center contacts the patient and schedules an appointment for a consultation. The PC notifies the referring PECP of the date of the consultation appointment, or the reason the patient declined to book the appointment, if applicable.

4. The patient is examined by the surgeon and a determination of medical necessity for cataract surgery is made. In the case of refractive surgery, the patient’s candidacy is assessed. The patient is educated on which procedure best suits their needs.

5. The patient is scheduled for surgery and any necessary pre-op testing. The surgeon will provide educational materials; give the patient instructions related to post-op care, and information regarding fees. The patient will complete and sign an Informed Consent and any other necessary forms. If the patient desires to have post-surgical care co-managed, the patient will sign the Co-Management Consent Form.

6. The surgeon will send a letter to the referring PECP regarding the findings of the consultation, pre-op testing and the schedule for the surgery, if applicable.

7. When deemed medically appropriate, typically after the first post-operative visit, the surgeon completes the Transfer of Care Form, which includes surgery information and findings from the previous post-operative visits and faxes the form to the co-managing PECP.

8. Following each post-operative visit, the co-managing PECP will fax a post-operative co-management exam form to the surgery center (or a copy of the patient’s chart notes). In the case of cataract surgery, usually at the one month visit, the PECP will perform the post-operative follow-up, refraction and provide glasses, if necessary. In the case of multi-focal and toric IOLs, additional post operative visits at 3 and 6 months are scheduled.

9. Upon completion of post-operative care, the PECP will submit the appropriate claim to third party payers or prepare patient billing for their portion of the post-operative treatment. The PECP should be a participating provider with Medicare and will bill and be paid directly by Medicare. Information regarding billing the PECP’s portion of the co-managed care is provided in this manual.
Outlined below is a brief description of the typical cataract post-operative schedule. It is important that patient follow-up care be documented in written form, not only for medical, but for medical-legal considerations. Fax a completed Post-Op Exam form to North Cascade Eye Associates following each patient visit. Should you have any questions, do not hesitate to call us. Contact the surgeon immediate if any complication arises.

<table>
<thead>
<tr>
<th>VISIT</th>
<th>EXAMINATION DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 0</td>
<td>Patient undergoes surgery</td>
</tr>
<tr>
<td>Day 1</td>
<td>First post operative examination by surgeon</td>
</tr>
<tr>
<td>Days 2 – 10</td>
<td>Patient remains under the care of the surgeon. The patient may have no scheduled visits, but may see the surgeon as needed.</td>
</tr>
<tr>
<td>Days 11-90</td>
<td>PECP takes over care of patient. Examination by co-managing PECP between day 11 and 20 as indicated by the surgeon. Complete the “Post-op exam form” and fax to surgeon following each visit.</td>
</tr>
<tr>
<td>Day 30</td>
<td>Examination by co-managing PECP. Refraction and evaluation of 2nd eye and referral for cataract evaluation and surgery if indicated.</td>
</tr>
<tr>
<td>3month, 6 month, 1 year</td>
<td>Examination by co-managing PECP (6 month and 1 year only for multifocal patients as needed).</td>
</tr>
</tbody>
</table>

On each exam the following observations need to be recorded on a post-op form and faxed to our center:

- Vision, without correction and through a pinhole
- Slit lamp exam
- Intraocular pressure (call us if the IOP is above 25 mm Hg.)
- Refraction status w/ visual acuity and near vision

<table>
<thead>
<tr>
<th>TIME</th>
<th>MEDICATIONS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 – 7</td>
<td>Antibiotic and anti-inflammatory as prescribed by surgeon 4 times a day for 7 days</td>
<td>Steroid may be tapered more slowly based on signs of inflammation</td>
</tr>
<tr>
<td>Day 8 – 28</td>
<td>Antibiotic and anti-inflammatory as prescribed by surgeon 3 times a day for 21 days.</td>
<td>May continue NSAID 3 times a day until gone.</td>
</tr>
<tr>
<td>Day 1 – 14</td>
<td>Preservative free artificial tears: Lubricating drops can be used as frequently as desired.</td>
<td>Use lubrication longer if needed.</td>
</tr>
</tbody>
</table>
At each post-operative exam the following observations are to be recorded on a post-op forms or medical record and faxed to our center at (360) 424-6954:

- Visual acuity
- Refraction (if VA less than 20/20 starting at one month)
- Patient’s opinion of night vision (same, better, worse)
- Patient’s satisfaction (scale of 0-4)
- Slit lamp exam
- IOP (one month and after for PRK patients)
Pre-Op Co-Management Exam and Consult Request Form

Patient Name: ___________________________ DOB: ________________ Date: ________________

Patient phone: Home: ________________ Work: ________________ Cell: ________________

I am sending this patient to you for assistance with his/her care. Please evaluate this patient’s problem(s) or condition(s) and consider treatment as appropriate. I look forward to receiving your opinion and advice regarding care of this patient and will resume general care following your consultation.

Co Managing PECP: ___________________________ Phone: ________________ Fax: ________________ NPI# ________________

Is Co Managing PECP contracted with patient’s medical insurance? Yes   No   Patient’s Medical Insurance Company: ________________

Office Contact: ___________________________________________ E-Mail Address: ___________________________________________

Clinical Information:

Ocular History: ___________________________________________

Examination: VAsc OD: ________________ VAcc OD: ________________ Pupils (dim light): ________________

OS: ________________ OS: ________________ Fields: ________________ EOM: ________________

Near Vision: OD: ________________ OS: ________________

Keratometry OD: ________________ OS: ________________

Manifest Refraction OD: ________________ OS: ________________ 20/__________

OS: ________________ 20/__________

IOP: (Goldman/Non Con/Other) OD: ________________ OS: ________________

Slit Lamp Exam:

OD: ________________

OS: ________________

Dilated Fundus Exam:

OD: ________________

OS: ________________

Type of CLs: ________________ Time out of CLs ________________

☐ Activities of daily living are impaired because of decreased vision.

Additional Comments: ___________________________________________

Fax completed form to: 360-424-6954
CO-MANAGEMENT CONSENT

Patient Name:_____________________________________________________

Dr.________________________________ will be performing_____________________ on me.
(Name of surgery)

It is my desire to have my primary optometrist/ophthalmologist, Dr._______________________
(Name of PECP) perform my preoperative and/or postoperative care.

I understand that a record of findings will be sent to my surgeon following each visit with my
Primary eye care provider and that my surgeon will be informed if I experience any complications
related to my eye surgery. I understand that I may also contact my surgeon at any time after the
surgery.

I understand that there are no additional fees associated with co-management and that North
Cascade Eye Associates will collect outstanding fees, if any, above those individually billed to
Insurance and forward the appropriate co-management fee to Dr._________________________
(Name of PECP) for postoperative care.

DATE:___________________________________________________________

SIGNATURE:___________________________________________________

WITNESS:______________________________________________________
CO-MANAGEMENT TRANSFER OF CARE FORM

Please SIGN and fax back to the Surgery Center. Retain in patient file.

C. Dan Siapco, MD
Carlindo Pereira, MD

Eye Associates Surgery Center
2100 Little Mountain Lane
Mount Vernon, WA 98274

Patient Name: _______________________________ D.O.B ___/___/____ Hm. Ph:__________

Medicare #: _______________________________ Other insurance: ______________________

Date of Surgery: ____________________________ □ OD □ OS

Procedure/Lens: ________________________________________________________________

Diagnosis Code: __________________________________ CPT Code: ____________________

Facility: □ Eye Associates Surgery Center □ United General Hospital

Co-Managing Optometrist or Ophthalmologist: ______________________________________

Date Post-Op Care Began: _______________ Date Post-Op Care ended: ________________

Post-Op Uncorrected VA: OD 20/_____ OS 20/____

Post-Op Exam Findings: __________________________________________________________

______________________________________________________________________________

Medications: ___________________________________________________________________

______________________________________________________________________________

Post-Op visits to schedule for this patient:

□ __________________________ □ 30 Day □ 90 Day □ 6 Mo. □ 1 Yr.

Surgeon Signature: __________________________ Date: __________________________

I accept the Transfer of Care for the above mentioned patient:

PECP SIGNATURE: __________________________ DATE: ________________________

FAX SIGNED FORM TO: 360-424-6954 or 360-416-8280
Patient’s Name: _________________________________

Surgeon: □ C. Dan Siapco, MD  □ Carlindo Pereira, MD

Surgery Date: ___/___/____ Co-Managing Doctor: _________________________________

**Procedure:**
□ Monofocal IOL  □ Toric IOL  □ ReSTOR  □ PRK  □ LASIK (Intralase)

<table>
<thead>
<tr>
<th></th>
<th>OD</th>
<th>1 Day</th>
<th>1 Week</th>
<th>1 Month</th>
<th>6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OS</td>
<td>1 Day</td>
<td>1 Week</td>
<td>1 Month</td>
<td>6 Months</td>
</tr>
<tr>
<td></td>
<td>Other OD</td>
<td>OS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Include slit lamp and dilated fundus as needed.)
Subjective Findings: _____________________________________________________________
____________________________________________________________________________

Patient opinion of night vision (same, better, worse)___________
Patient satisfaction (0-4)_____

**Assessment: OD**
VA sc  20/_______
Refraction: ______________________ 20/_______
Keratometry / @ (auto/manual)
Cornea Clear  Other___________

Intraocular Pressure: ______ mm/hg

**Assessment: OS**
VA sc  20/_______
Refraction: ______________________ 20/_______
Keratometry / @ (auto/manual)
Cornea Clear  Other___________

Intraocular Pressure: ______ mm/hg

Medications: _________________________________________________________________

Impression/Comments: __________________________________________________________
____________________________________________________________________________

Next planned Visit: ___________________________ Doctor signature: __________________

PLEASE FAX COMPLETED FORM TO 360.424-6854 Attn: Vicki
The PHI (Protected Health Information) contained in the FAX is HIGHLY CONFIDENTIAL. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is a violation of Federal Law (HIPAA) and will be reported as such.
CO-MANAGEMENT TREATMENT PLAN

This information is designed for patients who have been diagnosed as having cataracts and who intend to have cataract surgery as well as patients who have opted to have refractive (LASIK) surgery. Any surgical procedure contains some element of risk in the post-operative period. For your health and safety, it is imperative that you receive proper follow-up care after your cataract surgery. This fact sheet will explain what follow-up care is, and who is qualified to perform it for you.

What is Follow-Up Care?
After your surgery, you will have several appointments with an eye care professional. You should understand that complications may not necessarily occur during surgery, but may occur after the surgery has been performed. For this reason, it is imperative that you have appropriate care by a qualified eye care professional following your surgery. Your doctor will ensure that any post-surgery complications are detected and treated. In addition, he or she will perform tests to measure your visual acuity and, if necessary, fit you for eyeglasses. This series of visits is called your “follow-up care.”

Who Is Qualified to Provide Follow-Up Care?
It is critical that your follow-up care be performed by a qualified eye care professional familiar with your case. Several different practitioners are qualified to provide this service. You should understand the roles that each may play in your recovery.

Your Surgeon: Your surgeon is a licensed ophthalmologist, a medical doctor who specializes in diseases of the eye and who will perform your surgery. Your surgeon will see you one day (and, in the case of refractive surgery, 3 days) after surgery to insure that your recovery is progressing normally. Your surgeon will also determine when you can be released from his or her care to return to your optometrist for further follow-up visits.

Your Optometrist: While you may request to receive your follow-up care from your surgeon, Doctors of Optometry are eye care professionals trained, licensed, and fully qualified to provide follow-up care once you are “released” by your surgeon. Most patients find it very convenient to return to their optometrist for post-operative care and services. Your optometrist is also the vision specialist who will examine and fit you for your glasses, if necessary, after recovery of cataract surgery. Your optometrist will be in communication with your surgeon following each post-operative visit. If problems develop during the post-surgery follow-up period, your optometrist and your surgeon will communicate regarding your care until these have resolved.

Another Ophthalmologist: If you travel away from home to have surgery and wish to return home soon after surgery, or if you have any other personal reason for not receiving your follow-up care from your surgeon or optometrist, you may decide to see another ophthalmologist for your follow-up care. An ophthalmologist other than your surgeon can perform all of your follow-up care after your initial visit with your surgeon one day after surgery. You must, however, make arrangements with the ophthalmologist and notify your surgeon before having surgery. Your surgeon will only discharge you from his or her care if he or she has confidence in the professional who will supervise your recovery.

Summary
We hope this summary has helped to explain some facts about the cataract surgical process. Your optometrist and surgeon will explain the improvements in your vision that you may enjoy after cataract surgery. If you have any questions or concerns, now is the time to raise them. You may contact your optometrist or your surgeon at any time, before or after surgery, to answer your questions or address concerns.
For a complete list of our patient services, directions, maps, co-management forms and information about our providers, please visit our website: www.ncascade.com

Contact Information:
North Cascade Eye Associates: (360) 416-6735

Fax line: (360) 424-6954
Dedicated Co-Management fax line (360)416-8280

Refractive surgery coordinator:
Miah Anderson

Affiliates coordinator:
Vicki Jevons

Center Locations:

MOUNT VERNON
2100 Little Mountain Lane
Mount Vernon, WA  98274

SEDRO WOOLLEY
2131 Hospital Drive
Sedro Woolley, WA  98284

STANWOOD
26910 92nd Ave NW
Stanwood, WA 98292
NCEA PARTICIPATING PLANS

A list of primary or secondary health plans with contact phone numbers is provided for your convenience if insurance billing is required. For assistance with insurance billing or for providers not listed, please contact our office at: 360-416-6735.

<table>
<thead>
<tr>
<th>INSURANCE COMPANY</th>
<th>PROVIDER RELATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AETNA</td>
<td>888-632-3862</td>
</tr>
<tr>
<td>CIGNA</td>
<td>800-882-4462</td>
</tr>
<tr>
<td>COMMUNITY HEALTH PLAN</td>
<td>888-664-4808</td>
</tr>
<tr>
<td>DEPARTMENT OF SOCIAL &amp; HEALTH SERVICES</td>
<td>800-562-3022</td>
</tr>
<tr>
<td>ESSENCE HEALTHCARE</td>
<td>877-392-3849</td>
</tr>
<tr>
<td>FIRST CHOICE (umbrella plan)</td>
<td>800-231-6935</td>
</tr>
<tr>
<td>GROUP HEALTH COOPERATIVE</td>
<td>800-891-9009</td>
</tr>
<tr>
<td>HUMANA</td>
<td>800-558-4444</td>
</tr>
<tr>
<td>LABOR AND INDUSTRY</td>
<td>800-848-0811</td>
</tr>
<tr>
<td>MEDICARE</td>
<td>800-633-4227</td>
</tr>
<tr>
<td>MOLINA</td>
<td>800-869-7165</td>
</tr>
<tr>
<td>MULTIPLAN/PHCS</td>
<td>800-874-9378</td>
</tr>
<tr>
<td>PACIFICARE</td>
<td>866-316-9776</td>
</tr>
<tr>
<td>PREMERA BLUE CROSS</td>
<td>800-345-6784</td>
</tr>
<tr>
<td>RAILROAD MEDICARE</td>
<td>800-842-9905</td>
</tr>
<tr>
<td>REGENCE</td>
<td>800-322-1737</td>
</tr>
<tr>
<td>TRICARE</td>
<td>888-874-9378</td>
</tr>
<tr>
<td>UNIFORM</td>
<td>800-762-6004</td>
</tr>
<tr>
<td>UNITED HEALTHCARE</td>
<td>877-842-3210</td>
</tr>
</tbody>
</table>
CATARACT CO-MANAGEMENT BILLING FOR MEDICARE

As per guidelines published by Medicare in 1992, specific components of major surgery were defined as the “global surgery package.” The components they identified included pre-operative care, intra-operative services, post-operative care (90 days), and in-office care for any postoperative complications. In addition, the value of post-operative care for surgical procedures was standardized and post-operative care for ophthalmic surgery was valued at 20% of the global surgery package. Medicare also published instructions to Medicare carriers on split billing of post-operative care, also known as post-operative co-management, within eye care. These instructions incorporated the following points:

1. Co-management requires a written transfer agreement between the surgeon and the receiving doctor(s).
2. Specific modifiers must be used on claims (54 - surgical care only; 55 - postoperative management only).
3. The receiving doctor cannot bill for any part of the service included in the global period until he/she has provided at least one service.
4. The comments provided herein relate to billing for cataract co-management for Medicare patients. Commercial carrier policies will vary. Should you have questions about a specific carrier’s policy, we recommend you contact them directly. Also, if you have questions related to Medicare billing procedures, you can visit their website, www.cms.gov, or contact our office for assistance.
5. Medicare uses chronology and number of days to calculate payment for care rendered by each doctor during the post-operative period (90 days). The fees submitted by the surgeon and PECP will be different, depending on the number of days of post-operative care each one provided.
6. In narrative box 31 of the HCFA the surgeon is to indicate

MODIFIERS FOR CLAIMS SUBMISSION
7. Immediately following surgery, the surgeon can submit a claim for the surgical component of care using the appropriate CPT Code, i.e. 66984, and Modifier 54. This modifier is used to indicate the surgical event in a co-managed case. Medicare assigns 80% of the global fee to the intra-operative service.
8. Later the surgeon will submit a claim for his/her portion of post-operative care (if any). In order for this claim to be accurate, the surgeon needs to know the date the optometrist assumed responsibility for the remaining post-operative care (the transfer date noted above). This claim will be filed using the appropriate CPT Code, i.e. 66984, and Modifier 55, which indicates post-operative management only.
9. After the PECP has seen the patient for the patient’s first post-operative visit, he/she will submit a claim for the post-operative care provided, using the appropriate CPT Code, i.e. 66984, and Modifier 55. Again, in order for the claim to be accurate the PECP must know the date he/she assumed responsibility for post-operative care (the transfer date).
10. Many patients will have cataract surgery performed on the second eye shortly after their first surgery, in which case post-operative care may overlap temporarily. When these patients are co-managed, claims for each surgery are handled separately. The surgeon will file the second claim with Modifier 79, to indicate the second surgery is unrelated to the first (different eye). Both surgery claims will also be filed using Modifier 54, to indicate post-operative care is being co-managed. The post-op care claims will include both Modifiers 55 and 79 for the surgeon and the PECP.

WRITTEN TRANSFER AGREEMENT (Cataract and Refractive Surgery)

The transfer agreement between the surgeon and the co-managing doctor contains the surgeon’s discharge instructions and the effective transfer date. According to current Medicare policy, the transfer date is “determined by the date of the physician’s transfer order.” The responsibility for post-operative care may be transferred on or before the patient’s appointment for the subsequent follow-up visit with the receiving doctor, who may submit a claim for services once he has seen the patient. The split of post-operative care cannot be done or pre-arranged in advance of the surgery. Instead, a unique transfer agreement should be constructed for each patient. The essential elements of the Transfer of Care Form from the surgeon to the PECP should include the following:

1. Patient Name
2. Operative Eye
3. Nature of Operation
4. Date of Surgery
5. Clinical Findings
6. Discharge Instructions
7. Transfer Date

The PECP should assume care of the patient on the following day. This form determines the “transfer date,” as well as corresponding reimbursement for claims submitted. Because the surgeon cannot be certain the patient will actually keep the appointment with the PECP, communication from the PECP is necessary and is evidence that the PECP actually saw the patient, and is in compliance with CMS requirement that the PECP “…has provided at least one service.” Both doctors should retain copies of this documentation as part of the patient’s permanent records. They may also serve as a useful attachment on claims, as necessary.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Not Co-Managed Total Per Eye</th>
<th>NCEA</th>
<th>EASC</th>
<th>Co-Managed NCEA</th>
<th>Co-manager</th>
<th>EASC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refractive Lens Exchange</td>
<td>$4,700</td>
<td>$2,010</td>
<td>$2,690</td>
<td>$1,608</td>
<td>$402*</td>
<td>$2,690</td>
</tr>
<tr>
<td>Includes premium lens</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restor IOL</td>
<td>$2,200</td>
<td>$1,200</td>
<td>$1,000</td>
<td>$980</td>
<td>$240*</td>
<td>$1,000</td>
</tr>
<tr>
<td>Toric IOL</td>
<td>$1,195</td>
<td>$700</td>
<td>$495</td>
<td>$579</td>
<td>$140*</td>
<td>$495</td>
</tr>
<tr>
<td>LRI</td>
<td>$400</td>
<td>$300</td>
<td>$100</td>
<td>$240</td>
<td>$60*</td>
<td>$100</td>
</tr>
<tr>
<td>LASIK or PRK</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$0</td>
<td>$880</td>
<td>$120</td>
<td>$0</td>
</tr>
<tr>
<td>(additional charge to any of the above procedures)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>LASIK with Intralase</td>
<td>$2,500</td>
<td>$1,510</td>
<td>$990</td>
<td>$1,208</td>
<td>$302</td>
<td>$0</td>
</tr>
<tr>
<td>(when not associated with above procedures)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Cash</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Discount</td>
<td>$2,300</td>
<td>$1,310</td>
<td>$990</td>
<td>$1,048</td>
<td>$262</td>
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<tr>
<td>PRK</td>
<td>$1,800</td>
<td>$1,210</td>
<td>$590</td>
<td>$1,558</td>
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</tr>
<tr>
<td>(when not associated with above procedures)</td>
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<tr>
<td>With Cash</td>
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<tr>
<td>Discount</td>
<td>$1,600</td>
<td>$1,010</td>
<td>$590</td>
<td>$808</td>
<td>$202</td>
<td>$0</td>
</tr>
</tbody>
</table>

If at all possible, please request the patient to write (2) two checks (if not co-managed) and (3) three checks if a co-managing physician is involved. The Co-manager check is to be written out to the co-managing physician. If using a credit card, it is okay not to split the payment but DO NOT collect for the co-manager (advise the patient to pay that amount directly to the co-managing physician at their post op visit).

Co manager fees indicated here are due from the patient. These fees are for additional visits and tests necessary due to the use of specialty lenses and refractive services. The co-managing physician is allocated 20% of the clinical fee (less patient discounts and financing given to refractive patients). In addition, fees (20%) would be due to the co-managing physician for the actual cataract surgery post-operative care if the insurance is billed.