

755 East 3900 South SLC, UT 84107 • 801-266-2283

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### Notice of Exclusion from Medicare or other insurance carriers

- Medicare or your insurance does **not** pay for all of your health care costs. Your carrier only pays for covered benefits. Some items and services are not Insurance or Medicare benefits and are not paid by them.
- When you elect to receive an item or service that is not a Medicare or insurance benefit, **you are responsible to pay for it**. The purpose of this notice is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you will have to pay for them yourself should your insurance not pay. Before you make a decision about your options, you should read this entire notice carefully.
- Ask us to explain, if you don't understand why Medicare (or your insurance) won't pay. Ask us how much these items or services will cost you.
- You may not be a candidate for all of these packages. As a result, your doctor has recommended the package that best suits your unique needs.

**Custom Vision Package** - Your doctor has recommended that you are a candidate for the Custom Vision Package, which can be performed at the time of your cataract surgery. The Custom Vision Package is optional and includes extended testing and imaging that helps in achieving your desired refractive outcome, a 90 day enhancement plan, but excludes the use of the LenSx Femtosecond laser. If ORA (Optiwave Refractive Analysis) recommends that you need astigmatism management during surgery, this package includes the application of manual corneal incisions and/or a Toric IOL (which is rarely anticipated).

**Your Cost: \$ 650.00** Surgeon Professional fee: \$305.00; SurgiCare Center of Utah fee: \$345.00. This optional fee does not apply to copays; deductibles or co-insurance from your cataract surgery.

I choose the Custom Vision package as recommended by my surgeon. \_\_\_\_\_  Left Eye     Right Eye

I decline the recommended Custom Vision package. \_\_\_\_\_

**Patient initials:** \_\_\_\_\_

**Custom Vision for Astigmatism Reduction Package:** Your doctor has recommended that you are a candidate for the Custom Vision for Astigmatism Reduction Package which can be performed at the time of your cataract surgery. The Custom Vision for Astigmatism Reduction Package is optional and includes extended testing and imaging that helps in achieving your desired refractive outcome, corneal incisions with the LenSx Femtosecond laser (if applicable), a Toric IOL (if applicable), and a 90 day enhancement plan. ORA will be used to determine what methods of astigmatism management are recommended during your surgery.

**Your Cost: \$1,650.00** Surgeon Professional fee: \$530.00; SurgiCare Center of Utah fee: \$1,120.00. This optional fee does not apply to copays; deductibles or co-insurance from your cataract surgery.

I choose the Custom Vision for Astigmatic Reduction Surgery package: \_\_\_\_\_  Left Eye     Right Eye

I decline the Custom Vision for Astigmatic Reduction Surgery package: \_\_\_\_\_ (I will likely need glasses to reduce astigmatism)

**Patient initials:** \_\_\_\_\_

**Custom Vision with Multifocal Package:** Your doctor has recommended that you are a candidate for the Custom Vision with Multifocal Package for surgical reduction of presbyopia with a multifocal IOL which can be performed at the time of your cataract surgery. The Custom Vision with Multifocal Package for presbyopia reduction is optional and includes extended testing and imaging that helps in achieving your desired refractive outcome, implantation of a

multifocal IOL, use of the LenSx Femtosecond laser (if applicable for imaging or corneal incisions for astigmatic reduction), and a 365 day enhancement plan. ORA will be used to determine what methods of astigmatism management are needed during your surgery.

**Your Cost: \$2,845.00** Surgeon Professional fee: \$1,020.00; SurgiCare Center of Utah fee: \$1,825.00. This optional fee does not apply to copays; deductibles or co-insurance from your cataract surgery.

I choose the Custom Vision with Multifocal presbyopic reduction package \_\_\_\_\_  Left Eye  Right Eye

I decline the Custom Vision with Multifocal presbyopic reduction package \_\_\_\_\_ (I will likely need glasses for near vision)

**Patient initials:** \_\_\_\_\_

**Medicare will not pay for:**

Ancillary diagnostic testing for refractive errors /cosmetic refractive surgery including myopia; hyperopia, astigmatism; presbyopia; higher or lower order optical aberrations such as coma; trefoil using refractometry; wavefront aberrometry; pachymetry; corneal topography, OCT, the orientation and positioning of IOL; imaging and the creation of corneal incisions for astigmatic reduction during surgery; the Toric IOL or Multifocal IOL; intraoperative wavefront aberrometry; extended testing and enhancements related to the astigmatic reduction or presbyopic reduction surgery.

**Because of the following exclusion from Medicare benefit:**

National Coverage Determination §80.7 specifies that "...keratoplasty for the purpose of refractive error compensation is considered a substitute or alternative to eyeglasses or contact lenses, which are specifically excluded . . . keratoplasty to treat refractive defects are not covered." Medicare/Insurance does not cover the difference in cost between using a Toric IOL or Multifocal IOL in cataract surgery compared to using a conventional IOL (Medicare Ruling CMS-1536-R).

**Medicare will only pay for:**

Standard cataract surgery including the required examinations; testing and follow-up care, and a conventional lens implant (IOL). These standard services can be billed to your insurance. Implantation of a presbyopia or astigmatism correcting IOL is not considered medically necessary and is optional. The major difference between cataract surgery with a conventional IOL versus cataract surgery with a presbyopia or astigmatism correcting IOL is the degree of dependence on eyeglasses after surgery.

***If you decide to have this surgery, you will be asked to pay for it and we will not file a claim for reimbursement with Medicare or any other third party payer.*** If asked by you or a Medicare representative, you hereby authorize us to notify Medicare that cosmetic refractive surgery for the correction of regular corneal astigmatism was performed without expectation of reimbursement.

I understand and agree to the costs as listed and understand that I will be personally responsible for co-pays and deductibles that may apply toward the services that will be billed to my insurance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of patient or person acting on patient's behalf

**SURGEON: (Circle)**

**Cionni      Crandall      Weber      Wolsey      Zavodni      Other: \_\_\_\_\_**