



*The difference is in sight.*

PROFESSIONAL SOLUTIONS FOR CATARACTS, GLAUCOMA & CORNEA

Your insurance company will be billed from **THREE SEPARATE ENTITIES** for your cataract surgery as follows:

|   |                     |
|---|---------------------|
| Tower Clock <b>Eye</b> Center (Clinic)  | Surgeon's fee       |
| Tower Clock <b>Surgery</b> Center (Facility)  | Facility fee        |
| NAPS (Nurse Anesthesia Professional Services)<br>Please contact NAPS at 1-866-313-0337 for all<br>billing questions related to anesthesia/sedation. | Sedation/Anesthesia |

- Find out what your deductible, copay, and/or coinsurance will be for the above submitted charges.
- Find out if prior authorization is required for your procedure. If so, please contact our office so the prior authorization can be obtained.

\_\_\_\_\_  
Initial Please contact your insurance company **before** surgery, using **cataract surgery CPT code 66984**  
**with diagnosis H25.13** to determine your copay and deductible.

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**Premium cataract services listed below are additional cost to the fees outlined above and are not covered by or submitted to insurance.**

\_\_\_\_\_ Astigmatism Management Package to treat astigmatism using incisions created by the LenSx® laser and/or a Toric intraocular lens implant at \$1,600 **per eye**

\_\_\_\_\_ Multifocal Lens Implant or Extended Depth of Focus Lens Implant combined with the use of the LenSx® laser at \$3,200 **per eye**  
A Multifocal lens is designed to restore greater depth of focus after cataract surgery.

\_\_\_\_\_ **I understand that contacts or glasses may still be required after surgery.**  
Initial

**All fees for the above premium options are collected in full one week prior to your scheduled procedure.**

I acknowledge understanding of all out-of-pocket charges/expenses as explained to me. I will be responsible for any charges/expenses not covered by my insurance company.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date