



The difference is in sight.

PROFESSIONAL SOLUTIONS FOR CATARACTS, GLAUCOMA & CORNEA

Patient: _____
Print Name

DOB: _____
mm/dd/yyyy

Financial Information for Cataract Surgery

Your insurance company **will** be billed from **THREE SEPARATE PROVIDERS** for your cataract surgery:

If you are unaware of the terms of your insurance, we encourage you to contact them regarding **deductible, copay, and/or coinsurance** responsibility that you may have.

- **Cataract surgery CPT code 66984** for diagnosis cataract.
- **Cataract with i-Stent CPT code 66991** for diagnosis cataract and glaucoma.

Tower Clock Eye Center 1087 W. Mason Street Green Bay, WI 54303 (920) 499-3102 Contact: Pamela	Surgeon's fee	<ul style="list-style-type: none"> • Prior Authorizations will be completed by our billing specialist on your behalf. • For patients with commercial insurance and a high deductible plan, our billing specialist will connect with you regarding payments due before surgery. • Patients can expect a detailed statement with patient responsibility after services are rendered.
Tower Clock Surgery Center 1077 W. Mason Street Green Bay, WI 54303 (920) 497-1810 Contact: Kelsey	Facility fee	<ul style="list-style-type: none"> • Patients can expect a text and/or email from Tower Clock Surgery Center with a patient estimate collected the day of surgery.
NAPS (Nurse Anesthesia Professional Services) Please contact NAPS at 1-866-313-0337 for all billing questions related to anesthesia/sedation.	Sedation/Anesthesia	<ul style="list-style-type: none"> • Patients can expect a detailed statement with patient responsibility after services are rendered.

I understand I will be responsible for whatever deductible, copay, and/or coinsurance that my insurance determines is my out-of-pocket responsibility for my cataract surgery.

Patient Signature

Date



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Premium Cataract Services Financial Acknowledgement

Premium cataract services listed below are an additional cost to out-of-pocket costs associated with what is billed to insurance. The Premium cataract services are not covered by insurance nor are they submitted to insurance.

- Astigmatism Management Package to treat astigmatism using incisions created by the LenSx® laser and/or a Toric intraocular lens implant at \$1,700 **per eye**.
- Multifocal Lens Implant or Extended Depth of Focus Lens implant combined with the use of the LenSx® laser at \$3,400 **per eye**.
- Light Adjustable Lens Implant at \$3,900 **per eye**.
- I decline any premium cataract services..

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

All fees for the above premium options are due 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