

EYE CENTER^{OF} TEXAS

Leaders in Eye Care

BELLAIRE
713.797.1010 p.
713.357.7276 fax


PASADENA
281.977.8800 p.
281.977.8877 fax

SUGAR LAND
281.277.1010 p.
281.277.4504 fax

WEBSTER
281.332.1397 p.
281.338.1215 fax

KATY
713.797.1010 p.
713.357.7277 fax

THE WOODLANDS/CONROE
713.797.1010 p.
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EYE CENTER OF TEXAS

Leaders in Eye Care

Yasir Ahmed, M.D.
Nicholas P. Bell, M.D.
Grant C. Hopping, M.D.
Nicole R. Lifson, M.D.
Mark L. Mayo, M.D.
Paul J. Stewart, M.D.
Edward C. Wade, M.D., F.A.C.S
Christopher D. Allee, O.D.
Jill C. Autry, O.D., R.Ph.
Amanda L. Bachman, O.D.
Simbran Bhaidani, O.D.
Vivian La, O.D.
Anushka Lewkebandara, O.D., F.A.A.O.
Julie D. Ngo, O.D., F.A.A.O.
Kim P. Pham, O.D.
Randall N. Reichle, O.D., F.A.A.O.
Justine N. Rosner, O.D., F.A.A.O.
Christopher Sek, O.D., F.A.A.O.

WELCOME,

We would like to personally thank you for considering co-management with Eye Center of Texas. Our doctors, OD liaisons, ophthalmic technicians, surgical counselors, and staff operate as a team. We take pride in our knowledge and capabilities, and we want you to have the same confidence in where you send your patients. In this packet, you will find referral forms, business cards, maps, and information for commonly co-managed surgical procedures. Replacements, as well as information for other procedures, can be provided expediently upon request. You are also invited to visit and use our optometrist-only web portal at eyecenteroftexas.com.

Eye Center of Texas is a co-management center, which depends solely on optometric referrals. We do not operate opticals and we do not provide primary eye care, refractions, glasses, or contact lenses but are dedicated to working closely with optometrists for the pathological/ surgical care of their patients. Our anterior segment physicians include Edward "Tad" Wade, Mark Mayo and Grant Hopping (cornea, cataract, LASIK, glaucoma). Nicholas Bell, also an Anterior segment physician, is a fellowship-trained glaucoma specialist specializing in medical, laser, and surgical treatment of glaucoma. Yasir Ahmed is a fellowship-trained cornea specialist (cataract, LASIK, corneal transplantation, pterygium). Our posterior segment physicians are Paul Stewart and Nicole Lifson (retina and vitreous disease and ocular oncology). Our surgeons are committed to working with optometrists to provide the personalized treatment needed for each patient. The result is a long-standing reputation for excellent treatment and care now at 6 locations including Bellaire, Sugar Land, Katy, Pasadena, Clear Lake, and Woodlands/Conroe.

Following a referral to our office, a telephone call or facsimile will be provided to you to facilitate continuity of care. In addition, a doctor is always available for telephone consultations, including nights, weekends, and holidays. We welcome the opportunity to assist you in any way possible and we want to be on a first-name basis with you.

To further our commitment to optometry, our office provides regular continuing education for all optometrists as well as periodic educational information via facsimile/email. We can also help educate your staff on appropriate Medicare billing and referral topics. If possible, we would be delighted for you to visit with us at the center and observe our doctors in surgery or in clinic. Please do not hesitate to contact us if your schedule would allow this opportunity. This observational time (up to 4 diagnostic hours) is approved for continuing education credit with the Texas Board of Optometry.

If you have any questions or would like to speak with any of our doctors, please do not hesitate to give us a call.

North Offices OD Liaison
713-357-7213

South Offices OD Liaison
281-977-8813

Sincerely,

Jill Autry, OD, RPh

Eye Center of Texas | 713-208-6700 cell

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THE HISTORY of Our Practice

In 1984 a group of progressive optometrists in Houston met to discuss a referral based optometric center. The main reason behind this concept was the poor relationship that existed between most ophthalmologists and most optometrists at the time. Optometrists were frustrated with referring their patients to ophthalmologists who competed with them by providing eye exams, optical services, and contact lenses, all the while disparaging optometry. They also recognized they were essentially referring patients to ophthalmologists who proceeded to donate to ophthalmology PACs (political funds used to fight pro-optometry legislation) and/or anti-optometry legislators. Essentially, optometrists were helping to fund their own demise.

The idea of working with an ophthalmologist, who supported optometry, both clinically and legislatively became a reality in 1985. Originally it was known as a referral center, however the AOA suggested a name change to "Co-Management Center". The Eye Center of Texas Co-management Center was and remains a "pure" center...in other words, no primary eyecare is performed, patients are referred back to their optometrist for all optometric care, we do not have opticals, we do not provide refractions, we do not fit contact lenses, and we do not make disparaging remarks. To our knowledge, no other multidisciplinary ophthalmology practice in Houston provides this type of co-management. The concept assures optometrists that their referred patients will return to their office for primary eyecare and we will work TOGETHER, not against each other.

Recently an optometrist commented, "What really impresses me about your practice and makes me continue to refer patients is the fact you haven't changed your concept - after all these years you still practice what you preach".

Come join us, and 270 other Houston area optometrists, in the co-management of your patients. We look forward to serving you today just as we did 35 years ago.

**THE DOCTORS OF
EYE CENTER OF TEXAS**



SCOPE of Care

At Eye Center of Texas, the physicians are committed to providing optimal care and attention to our mutual patients. This means working closely with referring physicians. We believe that co-management is more than just a word: it is also a commitment to work with you to achieve our common commitment to our patients.

We specialize in medical and surgical eye care in the Houston and surrounding areas.

Our Services Include:

- Modern cataract surgical techniques/Laser Assisted Cataract Surgery/Standard and Premium Intraocular Lenses/Light Adjustable Lens
- Glaucoma Medical Care and Surgery
- Cornea Medical Care and Surgery
- Oculoplastic Surgery, Entropion, Ectropion, Ptosis and Dermatochalasis, Lumps/Bumps
- Refractive Surgery (LASIK / PRK / phakic IOLs, Clear Lensectomy)
- Neuro Ophthalmology
- Retinal Medical Care and Surgery
- Acute emergency evaluations
- Dry eye evaluation and treatment

Co-Management Philosophy

Eye Center of Texas is committed to providing our patients with the highest quality medical and surgical specialty eye care. This can often require a team approach due to travel and logistical issues. Co-Management is a great mechanism to provide patients with high quality and convenient care.

We respect our patients' decision for provider of care, consistent with sound clinical practice, and, where appropriate, will share in your patients' care with you. We understand how vital your relationship with each of your patients is and are committed to working together to assure that they receive the best care possible.

At Eye Center of Texas we want to ensure that we follow all guidelines regarding Co-Management of our mutual patients' care. We intend to follow a co-management protocol that is consistent with Medicare program requirements.

Co-Management Guidelines

Per the guidelines, co-management is a relationship between an operating ophthalmologist and a non-operating practitioner for shared responsibility in the postoperative care when the patient elects in writing to multiple providers, the services being performed are within the providers' respective scope of practice and there is agreement between the providers to honor the patient's decision and share patient care. Below you will find a list of the guidelines that are required to ensure that comanagement is performed in compliance with the state and federal regulations.

- Best medical practices will be utilized when choosing a surgeon for your patients' ophthalmic care and this will not be affected by financial or personal relationships.
- The patient chooses and makes an informed decision in writing to be seen by the non-operating practitioner for postoperative care.
- The operating ophthalmologist determines that the operative eye is sufficiently stable for transfer of care or co-management.
- The operating ophthalmologist determines that the transfer of care or Co-Management arrangement is clinically appropriate.
- The non-operating practitioner is willing to accept the care of the patient.
- The operating ophthalmologist and referring optometrist are confident that both parties have adequate training, skills and experience to accurately diagnose and treat the conditions that are likely to be presented.
- There is no agreement or understanding between the operating ophthalmologist and referring practitioner to automatically send patients back to the non-operating practitioner.



Premium Services

Premium services include several procedures and implants, which are not covered by Medicare and most major insurers. Consequently, Eye Center of Texas has created a comanagement policy to guide us in our co-management of these cataract patients. These services require additional exam, discussion and testing by our referring optometrists and ophthalmologists postoperatively.

► • Multifocal IOLs

Multifocal IOLs are premium cataract implants designed to allow better near and intermediate vision in the post cataract patient. They provide both a covered and non-covered benefit. These are elective and involve extensive preoperative and postoperative discussion/exam/testing. Our premium charge for multifocal correction is \$2900 per eye (includes LenSx Femto technology). A portion of this covers the professional fee for additional discussion/exam/testing involved with their use. When a patient elects to be co-managed, the co-managing doctor is responsible for collecting their post operative fees. ECT can help co-managing doctors collect through a third-party platform called CoFi. Please feel free to call ECT for more information regarding this. This fee is designed to cover exam/testing including but not limited to discussing refractions/IOL inspection with special attention to centration/topography/refraction/discussion of timing of postoperative readers/discussion of IOL exchange/possible need for refractive laser vision correction or an LRI to fine tune results and others. The amount of exam/discussion/ testing inherent in the Co-Management of a patient that had a premium IOL can be laborious with usually a minimum of 3 post op visits per eye, or as many as 6 visits to the office to treat and follow a patient after having a premium IOL. There is a greater amount of chair time spent with the patient addressing questions and concerns as well as reviewing test data, refracting, and monitoring healing when a premium IOL is used. Additional procedures may need to be performed a second time if significant astigmatism or other refractive error remains which will require additional office visits, additional testing and additional discussion with the patient. Some premium IOLs diffract and bend light. About 18% of light transmission is lost. This can limit visual acuity and decrease contrast sensitivity causing patients to be unhappy. Patients might also have glare, halos and other side effects, which may require lengthy chair time with additional testing and patient education. These IOLs are not perfect and outcomes may be limited, and they may not meet the patient's expectations, which may require multiple office visits educating patients.

Premium Services

► • **Toric IOLs/Astigmatism**

Toric IOLs/Astigmatism Correction are premium cataract implants that correct for astigmatism, which exists preoperatively in the cornea. They provide both a covered and non-covered benefit. Their use requires extra discussion/ exam/testing pre and post-operatively. Our premium charge for astigmatism correction is \$2400 per eye (includes LenSx Femto technology). A portion of this covers the professional fee for additional discussion/exam/testing involved with their use. When a patient elects to be co-managed, the co-managing doctor is responsible for collecting their post operative fees. ECT can help co-managing doctors collect through a third-party platform called CoFi. Please feel free to call ECT for more information regarding this. This fee is designed to cover exam/testing including but not limited to refractions/ IOL inspection with special attention to alignment / centration / topography / keratometry / discussion of IOL exchange / reposition / possible need for refractive laser vision correction or an LRI to fine-tune results. The amount of exam/discussion/ testing inherent in the co-management of a patient that had a toric IOL can be laborious with usually a minimum of 3 post op visits per eye, or as many as 6 visits to the office to follow a patient after having a toric IOL. There is a greater amount of chair time spent with the patient addressing questions and concerns as well as reviewing test data, refracting, and monitoring healing when a toric IOL is used.

Self-Pay Standard Lens

Cataract surgery without insurance can be expensive, with many patients paying over \$4000 for a cataract surgery. Self-pay cataract surgery in our office is affordable! We want every patient to have the opportunity to see better and work to help every patient get the surgery they need. Cataract surgery is an affordable solution for patients without insurance or with high-deductible insurance plans.

In the case of self-pay patients who elect to have a traditional IOL instead of a premium IOL implanted and elect to be comanaged, the co-managing doctor is responsible for collecting their post operative fees. ECT can help co-managing doctors collect through a third-party platform called CoFi. Please feel free to call ECT for more information regarding this.

How Does Co-Management Work?

The patient will first be seen by the referring physician to establish the scope of the patient's ocular condition. If the referring physician determines that the patient should be seen by an ophthalmologist for further treatment, this information will be relayed to the patient in the initial examination. Once the patient is educated about their ocular condition, the referring physician will speak to the patient about the remaining steps in the treatment process. If the patient agrees to the method of treatment and chooses to be co-managed, the referring physician will then complete a form agreeing to the co management of care with the specified operating physician.

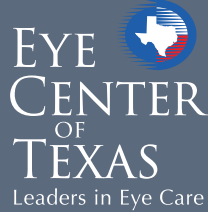
The physician will send exam notes and all testing that documents the referring physician's diagnosis of the patient's ocular condition. The referring office at this time can either have the patient call to schedule the consultative appointment, or, as a convenience to the patient, the referring doctor may call to schedule the surgical consultative appointment.

At this point, the patient will be seen for a consultative appointment where all preoperative testing will be performed to determine whether surgical or other forms of medical intervention is necessary. Once the best mode of treatment is determined, the treatment plan will be relayed to the patient. The operating ophthalmologist will then send a letter outlining the diagnosis, mode of treatment, and patient's decision to the referring physician. Letters and correspondence between the operating ophthalmologist and referring physician are integral to the co-management process and must be received regularly to ensure that optimal patient care is achieved. After each surgical and non surgical visit, it is imperative that communication is sent to the referring/operating provider.

After the completion of cataract surgery, the referring provider will submit a claim to Medicare or to the patient's insurer for the covered portion of the surgery. It is imperative to this process that the referring physician be a participating Medicare provider as the provider will bill their services to Medicare.

With respect to the non-covered portion of the surgery, the patient makes a global payment to Eye Center of Texas, which serves as the collecting agent for both parties. The patient is provided with information relating to this arrangement and signs a form acknowledging an understanding and consent to this arrangement. The form includes a breakdown of the fee and the amount that is paid to each provider.

Cataract Co-Management Transfer of Care Form



EYE CENTER OF TEXAS CO-MANAGEMENT CARE

PATIENT: Jane Doe
DATE OF SURGERY: 7/10/2024

DOB: 1/1/1960

DEAR DR. _____

On, 7/10/2024, Jane Doe, underwent successful Cataract Surgery of their right eye. Pursuant to patient's request, I am discharging them to you for post-operative care. The date of discharge is 7/10/2024. Based on my examination of this patient, I have determined that it is not medically necessary for me to personally continue to provide post-operative care for them and that it is clinically appropriate for you to provide the post-operative care. Clinical information relating to the surgery and subsequent exam of the patient is set forth below, and discharge instructions are attached to this letter.

Please code the following to ensure proper reimbursement:

CPT: 66984 **MODIFIER:** 55 79 RT LT

DIAGNOSIS:

POST-OP CARE (GLOBAL DAYS): 90 total

YOUR CO-MANAGEMENT START DATE: 7/11/2024

YOUR CO-MANAGEMENT END DATE: 10/8/2024

TOTAL NUMBER OF CO-MANAGED DAYS: 89 days

If not already scheduled, Jane Doe should be contacting you shortly to schedule an appointment to see you. In addition, please keep me informed of his/her progress by sending post-operative visit reports to my office, and please let me know if any problems arise. Thank you for providing the post operative care for this patient. Should you need anything, please call our office at 713-797-1010.

Sincerely,

YASIR AHMED, MD
NPI 1982968319

Yasir Ahmed, M.D.
Nicholas P. Bell, M.D.
Grant C. Hopping, M.D.
Nicole R. Lifson, M.D.
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www.eyecenteroftexas.com

Pre-Surgical Cataract Report Sample

EYE CENTER OF TEXAS PRE-SURGICAL CATARACT REPORT



FIRST NAME: _____ DATE OF BIRTH: _____

SURGEON: ☐ Dr. Mark Mayo ☐ Dr. Edward Wade ☐ Dr. Nicholas Bell ☐ Dr. Yasir Ahmed ☐ Grant C. Hopping

FIRST EYE: OD SURGERY DATE: _____ SECOND EYE: OS SURGERY DATE: _____

TARGET: ☐ Plano ☐ Near LENS TARGET: ☐ Plano ☐ Near LENS

CHOICE: ☐ Conventional CHOICE: ☐ Conventional

☐ Conventional with Astig pkg

☐ Toric ☐ Multifocal/EDF

☐ LAL

MIGS: ☐ None ☐ I-Stent / Xen / OMNI
/ KDB ☐ Other

☐ Conventional with Astig pkg

☐ Toric ☐ Multifocal/EDF

☐ LAL

MIGS: ☐ None ☐ I-Stent / Xen / OMNI
/ KDB ☐ Other

DROP TAPER: ☐ Standard (3 week)
☐ Extended (6 week)

DROP TAPER: ☐ Standard (3 week)
☐ Extended (6 week)

In general, patients are on a topical NSAID and steroid post-operatively. The antibiotic Vigamox is injected at the time of surgery unless the patient is allergic to fluoroquinolones. If so, the patient will use Polytrim for one week post-op at TID. The name and frequency of NSAID/steroid may vary depending on insurance.

**Surgical dates subject to change*

**Post-surgical drop schedules available at EyeCenterofTexas.com under OD Portal*

QUESTIONS: Please give us a call on our cell phones.

Dr. Allee: 832-498-0049

Dr. Autry: 713-208-6700

Dr. Bachman: 713-320-4608

www.eyecenteroftexas.com

Co-Management Consent Form

PATIENT NAME: _____

FOLLOW UP CARE: This information is designed for patients who have been diagnosed as having cataracts and who intend to have cataract surgery. Any surgical procedure contains some element of risk in the postoperative 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 should perform it for you.

1. THE NEED FOR FOLLOW-UP CARE

Before undergoing cataract surgery, your surgeon will ask you to read and sign an Informed Consent form. This form will explain to you the risks involved in cataract surgery and the implantation of intraocular lenses. Please be certain that you read and understand this information thoroughly. 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. We call this "follow-up care."

2. WHAT IS FOLLOW-UP CARE?

After your cataract surgery, you will have several appointments with eye care professionals; they will perform tests to measure your visual acuity and, ultimately, fit you for eyeglasses if necessary. In addition, they will ensure that any postsurgery complications are detected and treated. This series of visits is called your "follow-up care."

3. WHO SHOULD PERFORM YOUR FOLLOW-UP CARE?

It is critical that your follow-up care be performed by an eye care professional familiar with your case and qualified to render the necessary care. Several different professionals may "fit the bill." You should understand the roles that different professionals may play in your recovery. These are the eye care professionals who may be involved in your follow-up care:

YOUR SURGEON: Your surgeon is a licensed ophthalmologist, a medical doctor who specializes in diseases of the eye. Your surgeon is available to treat problems that might occur during your recovery from surgery. You may choose to receive the remainder of your follow-up visits from your surgeon or from another eye care professional. You may always request to receive all your follow-up care from your surgeon. If you choose to receive care from another eye care professional and you experience any problems relating to your surgery, your surgeon should be informed immediately.

OTHER OPHTHALMOLOGISTS: 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, 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. However, you must make arrangements with the ophthalmologist before you have your surgery. Your surgeon is concerned about your good health and will only discharge you from his or her care if he or she has confidence in the professional who will supervise your recovery from surgery.

OPTOMETRISTS: Doctors of Optometry ("optometrists" or "O.D.s") are licensed professionals who have received special training in providing eye care services. They are qualified to provide your follow-up care after the period immediately following your surgery has passed. You may receive this care from and be fitted for your glasses by your optometrist if you prefer. If problems develop during the postsurgery follow-up period, your optometrist will communicate with your surgeon to determine the best plan of action. It may be necessary for you to return to your surgeon or another ophthalmologist for care and treatment until the problem has been resolved. As with ophthalmologists, if you wish to receive follow-up care services from an optometrist, you must make the arrangements with your optometrist and inform your surgeon before your surgery.



Co-Management Consent Form

CONTINUED

PATIENT NAME: _____

4. SUMMARY: Your eye care professional has explained to you what a cataract is and 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. If you have decided to have your own eye care professional perform your follow-up care, you should fill out the form attached to this fact sheet, have it signed by your eye care professional, and bring it with you to your surgery appointment.

[] I hereby request that Dr. _____ perform all portions of my postoperative care.

-OR-

[] I hereby request that Eye Center of Texas perform those parts of my postoperative care Dr. _____ does not render.

IF POSTOPERATIVE CARE IS DONE BY ANOTHER SOURCE:

1. I understand that I may see my surgeon anytime during my postoperative course despite the above request although it may require some travel on my part.
2. I understand that my surgeon and Dr. _____ will submit separate claims to my insurance company for their services.
3. I understand that for non-covered premium services, a portion of my fee will be allocated to Dr. _____ for postoperative care as indicated below.

- Toric IOL - \$_____ - Multifocal Lens - \$_____

Patient Signature

Date

Formulario de Consentimiento de Gestión Compartida

NOMBRE DEL PACIENTE: _____

ATENCIÓN DE SEGUIMIENTO: Esta información está diseñada para pacientes que han sido diagnosticados con cataratas y que tienen la intención de someterse a una cirugía de cataratas. Cualquier procedimiento quirúrgico implica riesgos durante el posoperatorio. Por su salud y seguridad, es fundamental que reciba la atención de seguimiento adecuada después de su cirugía de cataratas. Esta hoja informativa explicará qué es la atención de seguimiento y quién debe brindársela.

1. LA NECESIDAD DE ATENCIÓN DE SEGUIMIENTO

Antes de someterse a una cirugía de cataratas, su cirujano le pedirá que lea y firme un formulario de consentimiento informado. Este formulario le explicará los riesgos que implica la cirugía de cataratas y la implantación de lentes intraoculares. Asegúrese de leer y comprender esta información detalladamente. Debe comprender que las complicaciones no necesariamente ocurren durante la cirugía, pero pueden ocurrir después de que se haya realizado la misma. Por esta razón, es muy importante que reciba la atención adecuada por parte de un profesional de la vista calificado después de su cirugía. Esto se denomina “atención de seguimiento”.

2. ¿QUÉ ES LA ATENCIÓN DE SEGUIMIENTO?

Después de su cirugía de cataratas, tendrá varias citas con profesionales de la vista; le realizarán pruebas para medir su agudeza visual y, en última instancia, le indicarán anteojos si fuera necesario. Además, se asegurarán de detectar y tratar cualquier complicación posoperatoria. Esta serie de visitas se llama “atención de seguimiento”.

3. ¿QUIÉN DEBE REALIZAR SU ATENCIÓN DE SEGUIMIENTO?

Es fundamental que su atención de seguimiento sea realizada por un profesional de la vista que esté familiarizado con su caso y que esté calificado para brindar la atención necesaria. Hay distintos profesionales que podrían “ser los adecuados”. Debe comprender los roles que los diferentes profesionales pueden desempeñar en su recuperación. Estos son los profesionales del cuidado de la vista que pueden formar parte de su atención de seguimiento:

SU CIRUJANO: Su cirujano es un oftalmólogo con licencia, un médico que se especializa en enfermedades de la vista. Su cirujano está disponible para tratar los problemas que podrían ocurrir durante su recuperación de la cirugía. Puede optar por recibir el resto de sus visitas de seguimiento a través de su cirujano o de otro profesional de la vista. Siempre puede solicitar recibir toda su atención de seguimiento de su cirujano. Si elige recibir atención de otro profesional de la vista y presenta algún problema relacionado con su cirugía, su cirujano debe recibir esta información de inmediato.

OTROS OFTALMÓLOGOS: Si viaja lejos de su casa para someterse a una cirugía y desea volver pronto a su hogar, o si tiene alguna otra razón personal para no recibir su atención de seguimiento de parte de su cirujano, puede decidir ver a otro oftalmólogo para su atención de seguimiento. Un oftalmólogo que no sea su cirujano puede realizar toda su atención de seguimiento después de su visita inicial con su cirujano al día siguiente de la cirugía. Sin embargo, debe coordinar con el oftalmólogo antes de someterse a su cirugía. A su cirujano le interesa el buen estado de su salud y solo le dará el alta de la atención si tiene confianza en el profesional que supervisará la recuperación de su cirugía.

OPTOMETRISTAS: Los especialistas en optometría (“optometristas” u “O. D.”) son profesionales con licencia que han recibido capacitación especial en la prestación de servicios de cuidados de la vista. Están calificados para brindarle atención de seguimiento después de que haya pasado el período inmediatamente posterior a su cirugía. Puede recibir dicha atención, así como cualquier corrección de sus anteojos por parte de su optometrista, si así lo prefiere. Si se presenta algún problema durante el período de seguimiento posterior a la cirugía, su optometrista se comunicará con su cirujano para determinar el plan de acción más indicado. Tal vez sea necesario que recurra nuevamente a su cirujano u otro oftalmólogo para recibir atención y tratamiento.



Formulario de Consentimiento de Gestión Compartida

NOMBRE DEL PACIENTE: _____

hasta que se haya resuelto el problema. Al igual que con los oftalmólogos, si desea recibir servicios de atención de seguimiento de un optometrista, debe coordinar con su optometrista e informar a su cirujano antes de su cirugía.

4. RESUMEN: Su profesional de la vista le ha explicado en qué consisten las cataratas, y cómo podrá disfrutar de la mejoría de la visión después de la cirugía de cataratas. Si tiene alguna pregunta o inquietud, ahora es el momento de plantearla. Si ha decidido que su propio profesional de la vista se haga cargo de su atención de seguimiento, debe completar el formulario adjunto a esta hoja informativa, hacer que su profesional de la vista lo firme y llevar dicho formulario a su cita para la cirugía.

☐ Por la presente solicito que el Dr. _____ esté a cargo de todas las fases de mi cuidado posoperatorio.

-O-

☐ Por la presente solicito que Eye Center of Texas esté a cargo de aquellas partes de mi cuidado posoperatorio que el Dr. _____ no proporciona.

SI OTRA FUENTE ESTÁ A CARGO DEL CUIDADO POSOPERATORIO:

1. Entiendo que puedo ver a mi cirujano en cualquier momento durante mi etapa posoperatoria a pesar de la solicitud anterior, aunque esto implique algún viaje de mi parte..
2. Entiendo que mi cirujano y el Dr. _____ exigirán el pago de prestaciones por separado a mi compañía de seguros por sus servicios.
3. Entiendo que, para los servicios de primera no cubiertos, una parte de mi tarifa se asignará al Dr. _____ para la atención posoperatoria como se indica a continuación.

- LIO tórica - \$_____ - Lente Multifocal - \$_____

Firma del Paciente

Fecha

Co-Management Optometrist Fees

Optometrist Fees for Post-operative Care

Practice Name: _____

Co-Managing Doctor(s): _____

Primary Address: _____

Phone: _____ Fax: _____

Email: _____

Fees for Post-operative Care Provided by My Practice

Procedure	Your Fee*
Astigmatism Correction (with or without toric IOL or LAL)	\$ _____ per eye
Multifocal	\$ _____ per eye
Conventional Cataract Surgery (performed in our office for self-pay patients)	\$ _____ per eye
LASIK / PRK	\$ _____ per eye

I understand that patient payment to my practice of the amount in the "Your Fee" column will be processed through the CoFi application or must be collected from the patient by my practice. I also agree to notify Eye Center of Texas of any changes to the above post-operative fees. Note: It may take up to 1 week for changes to your fees to be reflected in the CoFi application; any invoices created prior to the submission of this form may reflect the prior fee, as that is what was presented to the patient at the time.

Doctor Signature: _____

Name: _____

Date: _____

CoFi is facilitating the collection of these fees on behalf of Eye Center of Texas

Please email this completed form to ods@cofimd.com or fax it to 617-507-8278. Thank you!



Co-Management Payment Policy

Co-Management Payment Policy

We greatly value our ongoing partnership and appreciate the trust you place in us to provide ophthalmology care for your patients. Our goal is to enhance the efficiency of our care partner relationships, and we are writing to inform you of important updates to our comanagement process. Please review the following revisions to our co-management process and policies:

- 1. Co-management Fees** - As of October 1, 2024, we will no longer facilitate the remittance of the prior month's postoperative co-management fees for our co-managing doctors, which historically have been remitted by paper check. Therefore, unless you are enrolled with CoFi, you must collect your postoperative co-management fees directly from the patient. Over the last several months, we have worked to enroll comanaging doctors on CoFi, which is a compliant third-party payment system to ease the operational burden for our care partners. If you are not currently enrolled with CoFi and wish to enroll, please contact one of the senior doctors for further details.
- 2. Your Co-management Fee** - It is important that our co-managing doctors are compensated appropriately for their patient's surgical pre and postoperative care. Historically, we have managed the coordination of these fees, agreed upon by both our surgeons and co-managing doctors.

While this process has worked well, we now ask co-managing doctors to periodically reevaluate their fees for follow-up care. In the event a co-managing doctor would like to revise their fee, we are happy to accommodate it. Please note that unless we receive a request for changes, current co-management fees will remain the same.

- 3. CareCredit through CoFi** - CoFi has partnered with CareCredit to streamline the payment process. This integration allows patients to finance their entire procedure, with funds distributed directly to each provider. Co-managing providers do not need to sign up for CareCredit, only CoFi. Our practice will cover any CareCredit processing fees.

Our priority is to enhance the success and efficiency of our care partners. If you have any questions, please contact one of the senior partners at the practice.

Acknowledgement of Co-management Payment Policy

Please initial and sign below to indicate you have read the updated Co-management Payment Policy outlined above and that you Accept or Decline to enroll in CoFi for co-management payment processing.

- ____ Accept: I will/have enrolled in CoFi for co-management payment processing.
- ____ Decline: I choose not to enroll in CoFi for co-management payment processing, understanding that my office will be responsible for collecting postoperative fees directly from patients.
- ____ I understand I will need to bill post-operative care with a 55-modifier on cataract patients with Medicare and/or commercial plans and cannot charge the patient or charge insurance for the post-op exam with an E/M code.

Doctor Signature

Date

Post-Operative Exam Report Sample

EYE CENTER OF TEXAS				1 WEEK POST-OP CATARACT				2ND EYE CATARACT EVAL				TECH: _____	
DOS:				REFERRED BY:									
NAME				AGE				OCULAR MEDS				SYSTEM MEDS	
S/P PHACO WITH IOL OD OS				<input type="checkbox"/> DIABETES				NSAID QD/TID OD OS					
Date of stx				<input type="checkbox"/> HEART DZ				STERIOD TID OD OS					
				<input type="checkbox"/> HTN									
Premium lens if applicable				<input type="checkbox"/> RESPIR									
				<input type="checkbox"/> THYROID									
CC:				<input type="checkbox"/> RDS A				Review date ____/____/____					
				<input type="checkbox"/> Social Hist A				Review date ____/____/____					
				AR				IOP					
				OD:				OD: TONO APP					
				OS:				OS: TONO APP					
				RX / REF				Dilation:					
OD: cc ac 20/ J				OD:				Dilation Time					
OS: cc ac 20/ J				OS:									
OU: cc ac 20/ J													
ORDER ADDITIONAL TESTS:													
<input type="checkbox"/> HVF				<input type="checkbox"/> BAT				<input type="checkbox"/> Post-op instructions reviewed by technician					
<input type="checkbox"/> FA/FP				<input type="checkbox"/> PUPILS									
<input type="checkbox"/> ANT SEG PHOTO				<input type="checkbox"/> A SCAN									
<input type="checkbox"/> PAN				<input type="checkbox"/> B SCAN									
K L RET ONH				O.D.				O.S.				L RET ONH	
C/D _____				<input type="checkbox"/> NORM				<input type="checkbox"/> NORM				C/D _____	
				<input type="checkbox"/> WSG				<input type="checkbox"/> WSG					
				<input type="checkbox"/> CLEAR				<input type="checkbox"/> CLEAR					
				<input type="checkbox"/> DSO				<input type="checkbox"/> DSO					
				<input type="checkbox"/> WNL				<input type="checkbox"/> WNL					
				<input type="checkbox"/> CLEAR				<input type="checkbox"/> CLEAR					
				+NS +PSC +CS +NS +PSC +CS									
				<input type="checkbox"/> CENTRED IN BAG				<input type="checkbox"/>					
				CL + FIBR. CL + FIBR.									
				<input type="checkbox"/> WNL				<input type="checkbox"/> WNL					
				<input type="checkbox"/> WNL				<input type="checkbox"/> WNL					
				<input type="checkbox"/> WNL				<input type="checkbox"/> WNL					
				<input type="checkbox"/> WNL				<input type="checkbox"/> WNL					
				<input type="checkbox"/> WNL				<input type="checkbox"/> WNL					
BIO V90				BIO V90				BIO V90				BIO V90	
IMP: S/P PHACO WITH IOL OD OS													
PLAN: CONTINUE NSAID AS DIRECTED													
TAPER: STEROID OD OS TID X 1 WEEK, BID X 1 WEEK, QD X 1 WEEK													
NO RESTRICTIONS												CALL ASAP WITH DECREASED VA	
TREATMENT: PHACO w/IOL OD OS if applicable												CALL ASAP WITH PAIN	
RV Q.D. IN FOR SIGNATURE						Date of Service							
RV OCT IN FOR						Printed By:							
DO NOT WRITE BELOW THIS LINE													



Medicare Billing Guidelines

Co-Management Billing

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, intraoperative services, and any postoperative care, including in-office care for any postoperative complications, during the 90-day global period. In addition, the value of post-operative care for surgical procedures was standardized and postoperative 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, which are further defined in this section of our Co-Management manual:

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.

Written Transfer Agreement

The transfer agreement between the surgeon and the co-managing doctor (optometrist) 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 postoperative 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 optometrist 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 optometrist 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 keep the appointment with the optometrist, communication from the optometrist is necessary and is evidence that the optometrist saw the patient and is in compliance with CMS requirement that the optometrist "...has provided at least one service."

Modifiers for Claim Submission

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 comanaged case. Medicare assigns 80% of the global fee to the intraoperative service. Later the surgeon will submit a claim for his/her portion of post-operative care. 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. After the optometrist has seen the patient for post-operative care, he/she will submit a claim for the postoperative care provided, using the appropriate CPT Code, i.e., 66984, and Modifier 55. Again, for the claim to be accurate the optometrist must know the date he/she assumed responsibility for postoperative care (the transfer date). 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 optometrist will be different, depending on the number of days of post-operative care each one provided. An example of billing by the surgeon and optometrist follows.

Medicare Billing Sample

Surgeon's Care		PECP (OD's) Care Date	
Date	CPT Code	Date	CPT Code
January 1st	66984-54	January 11-April 1	66984-55
January 2nd-10	66984-55		
Reimbursement of care is valued at 20% of the global surgery fees. In this example, value of the post-op care is apportioned to the surgeon as follows: 10/90th of 20% to the surgeon (10 days)		Reimbursement of care is valued at 20% of the global surgery fees. In this example, value of the postop care is apportioned to the PECP (OD) as follows: 80/90th of the 20% to the optometrist (80days)	

When submitting claims, many Medicare carriers instruct providers to write a comment in the body of the claim form, as follows: Surgeon: "Assumed post-operative care on January 2, relinquished care on January 10." Optometrist "Assumed post-operative care on January 11, relinquished care on April 1."

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 include both Modifiers 55 and 79 for the surgeon and the optometrist. The chronology and windows of time on which payment is determined (as outlined above) are still relevant and the claims will be concurrent. The surgeon will determine if the transfer of care for the first surgery occurs before or after the second surgery. If the transfer of care for the first surgery occurs before the second surgery, then two transfers of care letters or forms and transfer agreement letters must be prepared, establishing a unique transfer date for each surgery.

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.



Insurance Claim Form Instructions (CSM Form)

How to Bill for Cataract Surgery Post-Op Care

Eye Center of Texas uses a -54 modifier on surgery claims to reduce the surgeon's fee by 20%. This reduction allows you to charge for your post-op care at the date that you assume responsibility. The normal post-op period is 90 days—starting the day of surgery. We will bill up to the date of transfer and then you may bill for the care you provide from this date forward.

THE FOLLOWING POINTERS WILL HELP YOU BILL CORRECTLY:

- You must provide at least one post-op exam or service before submitting your global charge for the remainder of the 90-day period.
- Medicare considers you responsible for the patient's post-operative care from the "date of transfer" as noted in the patient's post-op letter from Eye Center of Texas. Bill retroactively to this date—but no more than 90 days from the day of surgery.
- When sending global claims to Medicare, use the same procedure code (CPT) as the surgeon, along with a -55-modifier using RT and LT to indicate the right or left eye.
- Include the following information—as contained in our post-op letter—on your CMS 1500 claim form:

[Box 17] Referring Physician/Surgeon's name

[Box 17b] Referring Physician/Surgeon's NPI number

[Box 19] Enter your post-op span date: - starting with the date of transfer - ending exactly 90 days from the day of surgery. The most common claim denial for ODs providing post-op care is code B.20 pertaining to box 19, so be precise when calculating this span date. Calculation Tip—A simple method of calculating 90 days is to count 12 weeks forward on a calendar, then add 6 days. For example, if surgery was on Monday, count ahead 12 Mondays. Then, adding 6 days, the 90th day would be the next Sunday.

[Box 21] Enter the diagnosis code used for surgery as noted on our post-op letter.

[Box 24a] Date of surgery (per Medicare) Date of transfer (all other insurances)

[Box 24d] Procedure or CPT code, 55 modifier, surgery eye (RT or LT)

[Box 24g] Number of global billing units—usually 1 (Medicare prefers # of units vs. # of days)

- If you are sending claims to insurance carriers other than Medicare, check with them first for billing instructions, as they may vary.
- When surgery is done on both eyes several days apart, you may perform post-op exams on both eyes at the same time. However, you must bill separately for each eye. A 50% reimbursement reduction for the second eye does not apply since the surgeries were done on different dates.



Post-Operative Co-Management Astigmatism Package/ Toric IOL/Monovision

Post Op Visit Day 1

Check to see if TORIC IOL is in proper orientation. Must look for corneal AK marks for guidance and/or must use target cylinder axis and check against the manufacturer place marks on the intraocular IOL. If orientation is off by $> 15^\circ$, ECT should be notified. Check if AK alone that incisions are in proper orientation and healing well. Adjust medications as needed.

Post Op Visit Week 1

Check vision and then manifest refraction carefully. Discuss with patient how vision is progressing. Check the designated outcome (Distance vs. Near) and see how refraction matches against target.

A. IF VA IS GOOD AND ON TARGET

- a. Continue med taper and follow up week #3.
- b. If 1st eye, discuss plan and OK to proceed with surgery for second eye. Do a manifest refraction on the operated eye and transmit the results to ECT to be used on second eye IOL calculation

B. IF VA IS NOT GOOD

- a. Is there a medical explanation corneal edema, dry eye, etc. adjust treatment and appropriate follow up.
- b. Is there a refractive explanation
 - i. Is there cylinder only explanation?
 1. TORIC IOL off axis $\pm 10^\circ$
 - a. Discuss IOL rotation.
 - i. Refer to ECT within 6 weeks
 - b. Discuss LASIK/PRK as option
 - i. Wait until 2 month mark, if eye stable then topo, refraction, discuss LASIK/PRK
 - ii. Refer to ECT.
 2. IOL on axis but cylinder error greater than ± 0.50 Diopter from target and patient unhappy with vision.
 - a. Discuss IOL exchange, especially if prior LASIK/PRK.
 - i. Refer to ECT within 6 weeks.
 - b. Discuss LASIK/PRK
 - i. Refer at 2 months if eye stable, repeat Topo and do a final manifest refraction.



3. No TORIC IOL, but is there cylinder under correction on original axis and patient is unhappy?
 - a. Consider re-opening AK (Cylinder $\pm 0.50D$)
 - b. Refer to ECT once refraction and topography stable for two months.
4. No TORIC IOL but cylinder > 0.50 off on original axis.
 - a. Consider manual AK if cylinder less 1.00 D vs. LASIK/PRK
 - b. Refer to ECT once refraction and topography stable for two months.
5. No TORIC IOL but cylinder ± 1.0 D. plan on LASIK/PRK and refer to ECT once refraction and topography stable for two months.

C. IF THERE IS RESIDUAL SPHERICAL ERROR $\pm \pm 0.50D$ WITH OR WITHOUT CYLINDER AND PATIENT IS UNHAPPY.

1. Discuss IOL exchange (especially prior LASIK/PRK if thin pachymetry)
 - a. Refer to ECT within six weeks.
2. Discuss LASIK/PRK option.
 - b. Refer to ECT once manifest refraction and topography are stable for two months.

Post Op Visit Week 3

Ensure patient is happy and Va on track. If not and exam does not explain, then topo, macular OCT are needed. Dilated exam needed. If an abnormality is found then refer to ECT.

Post Op Visit Week 6-8

Final Check. Ensure all patients expectations were met. Dilated exam. Check PCO status. Discuss need for YAG Capsulotomy if needed.



Post-Operative Co-Management Multifocal \pm Toric

Post Op Visit Day 1

Check for proper centration of Multifocal or Extended Depth Focus (EDF) IOL. Proper centration is critical to the success of these high technology IOLs and early recognition of issues allows for easier surgical repositioning if needed. Also must check for proper TORIC alignment if TORIC multifocal was used. Orientation off by $> 15^\circ$ should be reported to ECT.

Post Op Visit Week 1

Check vision and manifest refraction carefully on this visit. Discuss with patient how vision is progressing. We expect significant chair time with this visit, as first eye patients often feel out of balance and are anxious about how they are doing.

Clinician should be able to reassure patient if all looks good and help alleviate concerns over proceeding to the second eye. If both eyes have been done, often a discussion about binocular neuroadaptation is needed to alleviate patient concerns about progress.

A. IF VA IS GOOD AND ON TARGET

- a. Continue taper and follow up next in 3 weeks
- b. If first eye, discuss plan to proceed with second eye. Do a manifest refraction on the operated eye and transmit the results to ECT to be used on second eye IOL calculation.

B. IF VA IS NOT GOOD

- a. Look for medical explanation such as corneal edema, dry eye, etc. Multifocal and EDF IOL will be much more symptomatic with this issue. Aggressive treatment and follow up are needed. Topo and OCT may be required.
- b. If there is a refractive error
 - i. IOL off axis TORIC Multifocal/EDF but spherical equivalent near plano
 1. Discuss IOL Rotation
 - a. Refer to ECT < 6 weeks post op.
 2. Discuss LASIK/PRK as option
 - a. Check Topo to ensure option.
 - b. Wait 2 months post op and repeat refraction, Topo, Macular OCT.
 - c. Discuss and decide PRK vs LASIK
 - d. Send to ECT
 - ii. IOL on axis TORIC, or if non-TORIC but a visually significant refractive error $\pm \pm 0.50$ diopter exists

1. Discuss IOL exchange (Especially if patient had prior LASIK/PRK) or especially if refractive error is large
2. Refer to ECT within 6 weeks post op.
- iii. Discuss PRK/LASIK. Need repeat refraction, topo, macular OCT.
If all acceptable and stable refer to ECT no sooner than 2 months post op.

Post Op Visit Week 3

- Recheck refraction and ensure patient is happy and Va is on track.
- If not and no clear explanation exist with refraction or visible medical issue, then repeat OCT, Topo, and dilated exam required.
- If unexplained then back to ECT.
- If explained then follow prior decision tree.

Post Op Visit Week 6

- Final Check. Ensure all patients expectations were met. Dilated exam needed to check PCO status. Multifocal IOLs are much more sensitive to PCO and as such we feel exam at this point is important to best outcomes.
- If significant PCO, then refer to ECT for YAG evaluation.
- If non or low grade PCO, follow up at OD discretion.

Note

Overall we expect Multifocal and EDF patients will often require more visits than listed above. You will need to accommodate these visits and answer questions and provide guidance during recovery to make for the best patient experience.

Cash Pay Surgical Fees

LASIK/PRK

ECT patient surgical fee (If patient comes directly to ECT).....	\$2350/eye
OD-referred patient surgical fee.....	\$1649/eye

Co-managing physician will set their own fee and are responsible for collecting their post operative fees. ECT can help co-managing doctors collect through a third -party platform called CoFi. All LASIK/PRK patients are sent back to co-managing physician for all post-operative care, including one day.

Parameters

- Myopia up to -10 D if thick enough (however we recommend EVO ICL over -8 D).
- Astigmatism up to -6.00 D .
- Hyperopia up to (and including) +4.00 D sphere equivalent.
- Call Drs. Autry, Allee, or Bachman to discuss options for hyperopic patients, especially over age 30.

EVO ICL

EVO ICL.....	\$3795/eye
EVO ICL astigmatism over 2 diopters.....	\$4295/eye

Co-managing physician will set their own fee and are responsible for collecting their post operative fees. ECT can help co-managing doctors collect through a third-party platform called CoFi. All EVO patients are sent back to co-managing physician for all post-operative care, including one day.

Corneal Crosslinking

ECT Total fee	\$5450/eye
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Co-managing physician will set their own fee and are responsible for collecting their post operative fees. ECT can help co-managing doctors collect through a third -party platform called CoFi. All Corneal Crosslinking patients are sent back to co-managing physician for all post-operative care, including one day.

Conventional Cataract Surgery (at Bellaire Clinic)

ECT Total fee	\$3000/eye
---------------------	------------

Co-managing physician will set their own fee and are responsible for collecting their post operative fees. ECT can help co-managing doctors collect through a third -party platform called CoFi. All cataract patients are sent back to co-managing physician for all post-operative care, including one day.

Cash Pay

Surgical Fees (continued)

Clear Lensectomy With LenSx

Depending on age and refractive error, Clear Lens Exchange may be the best option.

This is especially true of high hyperopes

at any age and high myopes over 45.\$4200/eye

Clear Lensectomy with Astigmatism package\$3700/eye

Co-managing physician will set their own fee and are responsible for collecting their post operative fees. ECT can help co-managing doctors collect through a third -party platform called CoFi. All Clear Lensectomy patients are sent back to co-managing physician for all post-operative care, in one day.

*** The fee above DOES NOT include the surgery center fee, the lens fee, or the anesthesiology fee. We understand your patients want to know what they will pay; therefore, we are comfortable quoting a total fee of \$13,500. when the procedure is done bilaterally. ***

Pterygium

Pterygium excision with auto-graft.....\$1515/site

Pterygium excision with amniotic membrane\$2515/site

SLT\$620

Chalazion

Single chalazion on one eye.....\$325

Multiple chalazia on same lid.....\$410

Multiple chalazia on different lids\$510

Dry Eye Treatments

LipiFlo\$140 OU

Autologous serum tears.....\$35/bottle

(10-12 bottles made from each blood draw)

Except for refractive procedures, there will also be exam and testing charges before any procedure. In most cases, an undilated self-pay exam is \$90 and a dilated exam is \$190. Testing is variable depending on testing already done by the referring OD, if the patient needs testing for only one eye or both, the type of disease state, etc.

Download ECT patient forms at www.eyecenteroftexas.com

Visit www.eyecenteroftexas.com - click on the "OD Portal" button to download ECT patient forms. Any questions on candidacy for various options or if you need cash pricing for another procedure, call Drs. Autry, Allee, or Bachman.

****NOTE: Fees are subject to change.****

Initial Self-Pay Exam and Testing Costs For Common Pathologies

New Patient-Glaucoma Evaluation

Office Visit/exam.....	\$190
OCT OU	\$100
Gonioscopy OU.....	\$35
Pachymetry OU.....	\$25
Visual Field	\$100

TOTAL\$450.00

If referring OD has performed some of the above tests, we MAY be able to use them to offset charges above.

New Patient-Cataract Evaluation

Office Visit/exam.....	\$190
A-scan OD	\$100
A-scan OS	\$100

TOTAL\$390.00

Optional Corneal Orbscan/Pentacam
for decision on upgraded options.....\$190/both eyes

Most undilated exam only consults\$90/eye

Most dilated exam only consults\$190/both eyes

Additional fees for testing/cultures/follow-ups

NOTE: Fees are subject to change.

New/Update Co-Managing Optometrist Information

(If you have multiple offices, please complete one form for each office)
Please fax completed form to Christie Burlew at 713-357-7279

DOCTOR'S NAME _____ DATE _____

As it appears with Medicare

OFFICE NAME _____

OFFICE ADDRESS _____

CITY _____ ZIP CODE _____

OFFICE PHONE _____ OFFICE FAX _____

CELL PHONE _____

NPI # _____ TX LICENSE # _____

DOCTOR'S EMAIL _____

The ECT doctors request your email address to send you clinical & surgical updates as well as medication/post-op care protocols.

Are you a Medicare provider? ☐ Yes ☐ No

Do you bill Medicare for Cataract post-op visits? ☐ Yes ☐ No

I wish to co-manage my Cataract/Clear Lensectomy/EVO ICL/LASIK/PRK patients by seeing my patients

_____ For the 1st Day Cataract Post-op visit

_____ For the 1st Day LASIK/PRK Post-op visit

_____ For Glaucoma ☐ G-ECT ☐ G-IOP ☐ G-OPT

See attached sheet for explanation

I wish to co-manage my cataract patients with

_____ Medicare Only

_____ Medicare and Commercial Insurance, Aetna,
BCBS, cigna, Humana, and United Healthcare

FOR EYE CENTER OF TEXAS USE ONLY

_____ Centricity _____ Rolodex _____ EMR _____ Post-op List _____ Glau List

_____ Email List _____ Cell Phone List _____ DYBM list