



New York Eye & Ear Infirmary of Mount Sinai
 310 East 14th Street
 New York, NY 10003

(Scan to Meditech; Provide copy to patient)

Patient Name: _____

Date of Service: _____

ATTENTION PHYSICIAN OFFICE: PLEASE SUBMIT PRIOR TO 3 BUSINESS DAYS BEFORE THE SURGERY DATE TO COMPLY WITH THE NEW HOSPITAL PRICING TRANSPARENCY REGULATIONS.

Informed Consent for Astigmatic Reduction Surgery with Premium IOL or with Monofocal IOL with Corneal Incisions using Femtosecond Laser at the time of Cataract or Lens Exchange Surgery

PROCEDURE: **RIGHT EYE** **LEFT EYE**

- PREMIUM IOL**
- PREMIUM IOL WITH FEMTOSECOND LASER**
- ASTIGMATISM CORRECTION WITH MONOFOCAL IOL WITH FEMTOSECOND LASER**
- STAND-ALONE ASTIGMATISM CORRECTION WITH FEMTOSECOND LASER**

NOTICE OF EXCLUSION FROM HEALTHPLAN BENEFITS

The purpose of this notice is to help you make an informed choice about whether or not you want to receive these services, knowing that you will have to pay for it yourself. Before you make a decision about your options, you should read this entire notice carefully.

I understand that I have a condition known as astigmatism as indicated above. Astigmatism is condition in which the surface of the eye is shaped like a football (oval) rather than a baseball or basketball (round). Astigmatism typically causes blurred vision at all distances, near and far. I understand that if a **conventional IOL** is placed at the time of cataract or refractive lens exchange (RLE) surgery, I will likely have blurred vision at all distances without glasses or contact lenses.

I understand that special IOLs called Premium IOLs and/or the use of the Femtosecond Laser can reduce my astigmatism at the time of cataract or RLE surgery and would likely reduce my need for glasses at distance or near but **not typically for both distance and near** if implanted at the time of cataract or RLE surgery.

PROCEDURE:

I understand that Astigmatic Reduction Surgery that uses both the Premium IOL and the Femtosecond Laser at the time of my cataract or RLE surgery may help to decrease my need for glasses for either distance or near tasks but typically not for both. In this surgery, a **Premium IOL** is implanted instead of a **conventional IOL**, to replace the natural focusing lens of my eye. The



New York Eye & Ear Infirmary of Mount Sinai
310 East 14th Street
New York, NY 10003

(Scan to Meditech; Provide copy to patient)

Patient Name: _____

Date of Service: _____

precision and accuracy of the Femtosecond Laser creates Corneal Incisions that allow additional advanced management of astigmatism.

I understand that for the best result, one or more enhancement procedures may be required after the initial surgery and may include one or more of the following procedures: Enlargement of incisions, additional incisions, IOL exchange, piggyback IOL, LASIK, or PRK.

Financial implications of an astigmatic reduction surgery with a Premium IOL and /or Femtosecond Laser combined with Conventional cataract surgery:

My ophthalmologist has informed me that with cataract surgery, insurance covers the cost of a conventional monofocal intraocular lens implant. However, the creation of corneal incisions with the Femtosecond Laser for astigmatism correction are NOT covered by Insurance. If a Premium IOL is used instead of a Conventional IOL, the associated services for fitting and positioning the Premium IOL along with the Premium IOL are NOT covered by Insurance.

I acknowledge that I am responsible for payment of the **Hospital supply charge for the use of the Femtosecond Laser** if I receive **ONLY** the astigmatism correction surgery along with my Conventional IOL cataract surgery.

There are no specific CPT codes for the use of the **Femtosecond Laser**. The Hospital charge for the Femtolaser is for the single use disposable supply placed on the laser when the **Femtosecond Laser** is used for the imaging of a premium IOL or for astigmatism-correcting refractive surgery. WHEN it is used for refractive purposes, this hospital charge is excluded from billing to Insurance as Medicare and other Payors do not cover refractive services.

If I choose the Premium IOL, I acknowledge that I am responsible for payment of that portion of the Hospital charge that exceeds the Insurance-covered charge for insertion of a Conventional IOL following cataract surgery.

BENEFITS:

I believe that having this procedure performed at the time of cataract or RLE surgery may decrease my need for glasses for either distance **or** near tasks but usually **not for both** in my operated eye.

ALTERNATIVES AND OPTIONS:

I could choose not to have a Premium IOL implanted along with the creation of cornea incisions with the Femtosecond Laser at the time of my cataract or RLE surgery in which case I will likely need to wear glasses or contact lenses for all distances. Alternatives to correct for astigmatism following cataract surgery are LASIK, PRK, or creation of additional Corneal Incisions.



New York Eye & Ear Infirmary of Mount Sinai
310 East 14th Street
New York, NY 10003

(Scan to Meditech; Provide copy to patient)

Patient Name: _____

Date of Service: _____

X	Manufacture	Lens	Medicare Price (does not include HCRA)	Non-Medicare Price
<input type="checkbox"/>	ALCON	Toric	\$520	\$570
<input type="checkbox"/>	ALCON	Restor	\$1,045	\$1,145
<input type="checkbox"/>	ALCON	Panoptix Trifocal	\$1,045	\$1,145
<input type="checkbox"/>	ALCON	Vivity Trifocal	\$1,045	\$1,145
<input type="checkbox"/>	ALCON	Restore MN6AD1	\$1,045	\$1,145
<input type="checkbox"/>	J & J	Symfony Tecnis (non-toric)	\$940	\$1,030
<input type="checkbox"/>	J & J	Symfony Tecnis Toric	\$940	\$1,030
<input type="checkbox"/>	J & J	Tecnic Multifocal	\$940	\$1,030
<input type="checkbox"/>	J & J	Tecnis Eyehance Toric	\$625	\$685
<input type="checkbox"/>	J & J	Tecnis Synergy (non-toric)	\$1,150	\$1,260
<input type="checkbox"/>	J & J	Tecnis Synergy Toric II	\$1,150	\$1,260
<input type="checkbox"/>	Bausch & Lomb	Crystalens AO	\$835	\$915
<input type="checkbox"/>	Bausch & Lomb	Trylign Toric	\$835	\$915
Additional Add-on Item				
<input type="checkbox"/>	FemtoSecond Laser		\$527	\$578

I opt to utilize the Femtosecond Laser with a Premium IOL at the time of cataract or refractive lens exchange surgery in my RIGHT EYE LEFT EYE

I opt to utilize astigmatic correction surgery with a Conventional IOL and using the Femtosecond Laser at the time of cataract surgery in my RIGHT EYE LEFT EYE

I opt to utilize the Femtosecond Laser for stand-alone astigmatism corrective surgery in my RIGHT EYE LEFT EYE

Hospital Fee for the use of the Femtosecond Laser is: \$ _____

Hospital Fee for the non-covered portion of the Premium IOL is \$ _____

All of my questions have been answered to my satisfaction regarding all possible, though very unlikely, complications, which may occur. I understand that even after implantation of a Premium intraocular lens, I may still need glasses to attain my best possible vision.

Patient/Caregiver Signature: _____ Date: _____

Witness/Physician Signature: _____ Date: _____

PLEASE SPEAK TO YOUR PHYSICIAN ABOUT ANY ASSOCIATED PHYSICIAN FEES AS THESE ARE SEPARATE FROM THE HOSPITAL CHARGES.