

Patient Name (last, first): \_\_\_\_\_

Date of Service: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Attention Patient:** The below relates to technical (i.e. hospital) charges not covered by medical insurance. Please speak with your surgeon's office regarding their professional fees.

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**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

☐ ASTIGATISM CORRECTION WITH MONOFOCAL IOL WITH FEMTOSECOND LASER

☐ STAND-ALONE ASTIGMATISM CORRECTION WITH FEMTOSECOND LASER

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**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 them yourself. Before you decide your options, you should read this entire notice carefully. I understand that I have a condition known as astigmatism, as indicated above. Astigmatism is a condition in which the eye's surface is oval-shaped (like a football) rather than round (like a baseball or basketball). Astigmatism typically causes blurred vision at all distances, near and far. I understand that with the use of a conventional IOL during 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 a distance or near but not typically for both distances and near if implanted at the time of cataract or RLE surgery.

**PROCEDURE:**

I understand that Astigmatic Reduction Surgery, which uses both the Premium IOL and the Femtosecond Laser during 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, instead of a conventional IOL, replaces the natural focusing lens of my eye. The 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

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following procedures: Enlargement of incisions, additional incisions, IOL exchange, piggyback IOL, LASIK, or PRK.

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**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, creating corneal incisions with the Femtosecond Laser for astigmatism correction is 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 also NOT covered by insurance.

I acknowledge that I am responsible for paying the **Hospital supply charge for 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 Femto laser is for the single-use disposable supply placed on the laser when the **Femtosecond Laser** is used for imaging a premium IOL or for astigmatism-correcting refractive surgery. When used for refractive purposes, this hospital charge is not billed to insurance as Medicare and other payers 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 during 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 the creation of additional Corneal Incisions.

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X	Manufacture	Model/Type	Medicare Price (includes Mcare Advantage/HMO's)	Non-Medicare Price
[ ]	ALCON	TORIC	\$662.00	\$726.00
[ ]	ALCON	RESTOR	\$1,202.00	\$1,318.00
[ ]	ALCON	PANOPTIX TRIFOCAL	\$1,172.00	\$1,285.00
[ ]	ALCON	VIVITY TRIFOCAL	\$1,172.00	\$1,285.00
[ ]	ALCON	RESTORE MN6AD1	\$1,052.00	\$1,153.00
[ ]	J & J	SYMFONY TECNIS (NON-TORIC)	\$1,202.00	\$1,318.00
[ ]	J & J	SYMFONY TECNIS TORIC (DXWxxx)	\$1,202.00	\$1,318.00
[ ]	J & J	TECNIS MULTIFOCAL (ZMB00)	\$1,172.00	\$1,285.00
[ ]	J & J	TECNIS MULTIFOCAL TORIC (ZLUxxx)	\$1,172.00	\$1,285.00
[ ]	J & J	TECNIS EYEHANCE TORIC (DIB00)	\$782.00	\$857.00
[ ]	J & J	TECNIS SYNERGY TORIC II (DFWxxx)	\$1,202.00	\$1,318.00
[ ]	J & J	TECNIS ODYSSEY (NON TORIC) (DRN00V)	\$1,202.00	\$1,318.00
[ ]	J & J	TECNIS ODYSSEY TORIC (DRTxxx)	\$1,202.00	\$1,318.00
[ ]	BAUSCH & LOMB	CRYSTALENS AO	\$952.00	\$1,044.00
[ ]	BAUSCH & LOMB	TRYLIGN TORIC	\$952.00	\$1,044.00

[ ] OTHER \_\_\_\_\_ Please email [bgoldstein@nyee.edu](mailto:bgoldstein@nyee.edu) for pricing \$ \_\_\_\_\_

**Additional Add-on Item**

[ ]	FEMTOSECOND LASER	\$684.00	\$750.00
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[ ] 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 (per eye) is: \$ \_\_\_\_\_

Hospital Fee for the non-covered portion of the Premium IOL (per eye) 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 the implantation of a Premium intraocular lens, I may still need glasses to attain my best possible vision.

Patient/Caregiver Signature\*: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Witness/Physician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

\*Telephone consent prohibited