

EXPLANATION OF CHARGES FOR YOUR CATARACT SURGERY

Below is a worksheet to help you understand the charges that you may incur with cataract surgery. You may use this to help keep track of expenses. This worksheet is a tool for you to use and is not a formal quote, warranty, or guarantee of any kind.*

Insurance Information

Insurance Company _____

Deductible \$ _____ Deductible Met \$ _____

Co-Insurance _____ %

Cataract Surgery (Base)

Surgeon Fee.....

Estimated Patient Responsibility..... \$ _____

Facility Fee.....

Call Surgery Center

Anesthesiology Fee.....

Call Anesthesiologist

Premium Advanced Technology Intraocular Lens Extended Care (Noncovered)**

Estimated Patient Out-Of-Pocket..... \$ _____

Estimated Total Out-of-Pocket Due to Houston Lasik & Eye \$ _____
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Signature: _____ Date: _____

*Insurance coverage is an arrangement between the insurance carrier and the patient. As a courtesy to you, we may obtain eligibility and/or benefit information from your insurance company and communicate this to you as well as file a claim for any services rendered. Ultimately, you and only you are responsible for understanding the specifics of your insurance plan. You bear full financial responsibility for the services rendered and products provided by Sugarland Eye & Laser Center and agree to pay at the time of service.

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Patient: «LastName», «FirstName»
DOB: «DOB»