AZUL VISION

California Eye specialists   **ATLANTIS** Eye Care   **PabalanEyeCenter**

Cataract Surgery Treatment Selection/Financial Agreement

Patient Name: _Robert Helbig_

Operative Eye: _Pabalan_ ☐ **RIGHT** eye   ☒ **LEFT** eye

Surgeon: _Pabalan_

To more fully restore your vision, your doctor has recommended a **Presbyopia Lens implant.** This implant is designed to improve a wide range of vision - **distance, intermediate and near vision.** A basic intraocular lens can correct distance <u>or</u> near vision, but not both.

The total cost of Advanced Cataract Surgery with these implants would be over $7500.00.

The good news is that most Medical insurances, such as Medicare, will cover most of the costs of Cataract Surgery (out-patient surgery facility fee, anesthesia, and the basic surgery fee).

This leaves you with the out of pocket costs shown below.

The additional out-of-pocket cost for the Advanced Lens Implantation is ==$3705.00 PER EYE== *which are explained below:*

==$2,605.00== *are* <u>*Azul fees*</u>*, is paid on the day of your pre-operative exam or no later than 5 days before your scheduled surgery.*

==$1100.00== *is for the implant itself, and is paid separately to* *"GLENWOOD SURGERY CENTER" on the day of your surgery.*

Patient Initals: ✗ _RH_

All advanced options include extended care for refractive error such as refraction to determine any refractive error, trial contact lens fitting to assess refractive error, wavefront aberration testing to assess refractive error, corneal topography associated with refractive surgery, corneal pachymetry associated with refractive surgery, refractive keratoplasty for the purpose of reducing dependence on eyeglasses or contact lenses (e.g. limbal relaxing incisions, corneal relaxing incisions, and Lasik enhancement). Any extended care for refractive error, would *ONLY* be included for up to one year following your cataract surgery.

Please note: If you have insurance, this cost does not include any surgical co-pay, co-insurance, or deductible that may apply at the surgery center. If you do not have insurance, please ask us to assist with a quote for full fees.

Patient Signature: ✗ _____

Date: ✗ _7-28-26_   ID#: _____

C Sx CE: 2-17- 10:00 am