

Affleck, M.D. Eye Care, Aaron J. Affleck, M.D. and staff members cannot guarantee actual prices on your final bill for health-related services. The information may vary based on the particular facility providing the services, the patient's medical condition, unknown circumstances or complications, final diagnosis and recommended treatment.



HOW TO FIGURE OUT THE COST OF A MEDICAL PROCEDURE

Health insurance allowed amount, co-pays, co-insurance and deductibles can be confusing. Many people are caught by surprise when they learn that their health insurance does not pay for everything.

What Are Allowed Amounts?

Your health insurance calculates what services should cost based on their allowed amount or customary and reasonable rate for the care you received instead of the amount Dr. Affleck charges.

How Does an Allowed Amount Work?

Anytime a claim is submitted, CPT codes (Current Procedural Terminology) are used to describe medical care. For example, if you see Dr. Affleck for a dilated eye exam your claim may list the CPT code as 99203. Your health insurance company sets a price it will pay for each CPT code called an allowed amount.

This price is then used to calculate either the amount applied to your deductible and/or how much you owe for co-pay and/or co-insurance. **Affleck M.D. Eye Care is not given this information until after the claim is submitted.**

Disclaimer: Kindly, understand, you are an individual, with distinctive needs of health-related services. Therefore, we cannot be responsible for providing the exact CPT or all the CPT codes which will be used for your future visit, treatment or surgery in question.

What to do?

It is important to get the allowable amount from your insurance in advance and calculate your estimated bill.

On the following page is a list of possible CPT codes (services) that may be used in your care. Before calling your insurance note the CPT codes; know the billing address and the NPI number of the provider, and surgery facility. This will help your insurance identify them.

Remember to also ask...

- (1) Is Dr. Affleck and the facility in my network?
- (2) What services are not covered?
- (3) What's my co-pay?
- (4) Am I required to pay a percentage?
- (5) What is my co-insurance?
- (6) Have I met my deductible?
- (7) Is this something my plan doesn't cover at 100%?

You may receive bills from several sources— Your surgeon Dr. Affleck, the anesthesiologist, and the “facility charge” for the building where it all takes place—so ask about each of them.

Ask, and keep asking. You need to ask if you may need a “pre-authorization” or a referral to assure your benefits will be able to be used. Know your policy. Take notes. Take names.

What about extra coverage?

If you have a secondary or supplemental insurance you should also call them for information.

DIRECTORY FOR SURGICAL FACILITIES

	PHONE NUMBER	DEPARTMENT	NPI
Dr. Aaron Affleck- 2900 Valencia Drive, Idaho Falls, ID 83404	208-523-6868	Billing	1861507857
The Mountain View Hospital (ASC) or Creekside Facility - 2325 Coronado Street Idaho Falls, ID. 83404	208-557-2871	Billing	1669462362

APPROXIMATE COST ANALYSIS WORKSHEET

Disclaimer: allowable(s) are subject to change and vary with your insurance agreement. More CPT services may be added or not performed. This is not guaranteed pricing.

CALL YOUR INSURANCE

- I. Ask your insurance for the balance of your deductible & enter the amount in *cell 8*. Next, ask for your copay amount for a specialist and enter it in *cell 9*. Then ask “once your deductible is paid;” what is your co-insurance % (for Dr. Affleck & facility) & enter the percentage in *cell 12*. Lastly, find the allowable of each CPT code listed below in the corresponding *cells 1-6*.

NOW CALCULATE YOU'RE OUT OF POCKET USING THE WORKSHEET BELOW.

- II. Add all CPT allowable(s) *cells 1-6* together and record the total in *cell 7*.
- III. Add the balance of the deductible amount in *cell 8* and the copay *cell 9* together. Record the total in *cell 10*.
- IV. Subtract *cell 10* from *cell 7* and record the difference in *cell 11*.
- V. Multiply the co-insurance % in *cell 12* by *cell 11* and record the amount in *cell 13*.
- VI. Add *cell 10* and *cell 13* together and record the total in *cell 14*.
- VII. If you have opted for a **Premium IOL** enter the amount *per eye* in *cell 15*.
- VIII. Add *cell 14* and *cell 15* together. **This total is your estimated cost.**
- IX. If both eyes will have treatment, repeat the process for the second eye. Your deductible will be different. *If you have a secondary, it may cover the cost of copay, coinsurance and deductible but NOT the Premium IOL fee.*

For example my insurance's CPT 66984 allowable is \$1,500 per eye for the surgeon, \$3,000 for the facility, and \$500 for the anesthesia. This is a total of \$5000. I have a \$475 deductible left and pay 20% for a co-insurance. I also opted for the PanOptix IOL. This means, first my insurance will subtract the deductible from the total balance and I will be responsible for that amount. Then 20% of the remaining balance will be charge to me. I will also need to add the fee for the IOL. This will be the charges I pay for one eye.

\$5000.00 Total allowable for surgery	\$ 4,525.00 Remaining charges	\$905.00 Co-insurance
-\$475.00 What I still owe of my deductible	X 20% Co-insurance %	+\$475.00 Deductible
\$ 4,525.00 Amount use to calculate my co-insurance.	\$905.00 My portion of charges.	+ \$1,700 PanOptix charge
		\$3,080 My total per eye

DR. AFFLECK'S EXAM & CONSULT

CPT Code	Patient Descriptions	Allowable	
99204	Evaluation and Exam of new patient or established patient	1	
92136 per eye	Special Tests or Measurement- Ophthalmic biometry.	2	
92015	Determination of refractive state	3	

SURGERY (PER EYE)

CPT Code	Patient Descriptions	Allowable	
66984	Dr. Affleck's surgical fee / Extracapsular cataract removal with insertion of IOL	4	
66984	Surgical Facility's fee/ Extracapsular cataract removal with insertion of IOL	5	
66984	2 units of Anesthesia's fee/ Extracapsular cataract removal with insertion of IOL	6	
<i>Total allowable amounts Add cell 1 through 6</i>		7	
<i>Add Deductible Balance + copay</i>		8	
		9	
<i>Add cell 8,9</i>		10	
<i>Subtract line 10 from cell 7</i>		11	
<i>Multiply cell 12 by cell 11</i>		12	
<i>Add cell 10 and 13</i>		13	
<i>Add cell 10 and 13</i>		14	
<i>See Below "Additional Fees Per Eye –Premium IOL" for amount</i>		15	
<i>Add cell 14 and 15 ; This is your total per eye</i>		16	

Additional Fees *Per Eye* –Premium IOL.

*Premium IOL is optional & advanced payment of two weeks is required. *This fee is NOT COVERED BY INSURANCE.*

CPT Code	Patient Descriptions	Out Of Pocket
V2788	PanOptix IOL Surgical Fee	\$705*
V2788	PanOptix IOL Facility Fee	\$995*
Total PER EYE		\$1,700*

CPT Code	Patient Descriptions	Out Of Pocket
V2787	TORIC IOL Surgical Fee	\$350*
V2787	TORIC IOL Facility Fee	\$495*
Total PER EYE		\$845*