

PATIENT NAME: \_\_\_\_\_, \_\_\_\_\_ DATE: \_\_\_\_\_

**A=TOTAL CHARGES (circle):**

**Staff:** \_\_\_\_\_

DIAMOND:	Epi-LASEK + Hi-Def + sign for Free Enh	\$7000/2 (\$4500/1)
PLATINUM:	Epi-LASEK + Hi-Def in both eyes (whenever possible)	\$6000/2 (\$4000/1)
GOLD:	LASEK + Hi-Def in both eyes (whenever possible)	\$5000/2 (\$3500/1)
SILVER:	LASEK in both eyes ( <u>no</u> CustomVue™)	\$4000/2 (\$3000/1)
CXL only	Collagen Cross-Linking for PMD/Ectasia and KC	\$4000/2 (\$3000/1)
Add CXL to LASEK:	Add CXL to any LASEK packages above	\$1000 per eye
Add Lifetime Warranty to any LASEK package above		+\$1000
ReadingVizion™	Only if operating on both eyes (don't add if only 1 eye bc already more)	+\$1000
HiRx: +\$1k / D > -9, +5, or 3D cyl, whichever is worse (Ask MD do NOT guess this amount!)		+\$ _____
Enhancing another surgeon's procedure (primary surgery not performed by us)		+\$1000
Comfort Package (NO2/LaughingGas + extra Valium + gabapentin + Nevanac) must if <b>NWCL</b>		+\$300
<b>Sx on non-OR Day</b>		<b>+\$200</b>
Other Charges:	_____	\$ _____

**\* DR DOVZHUK USE A PENCIL UNTIL THEY DEPOSIT !**

**A=TOTAL CHARGES = \$ \_\_\_\_\_**

**B=TOTAL CREDITS:**

Referred by a previous patient, name of that patient: \_\_\_\_\_ (-\$100 not per person)-\$ \_\_\_\_\_

Medical Insurance Credit: Brand We Accept: \_\_\_\_\_

How much to credit: \$500-ded:\$ \_\_\_\_\_ = -\$ \_\_\_\_\_ x \_\_\_\_\_ (visits) = -\$ \_\_\_\_\_

**Say: "your medical insurance will billed so you can pay less, we will take the risk of getting paid"**

**"I agree to have my medical insur billed today" Patient Signature: \_\_\_\_\_**

Viz plan circle: VSP / EyeMed / \_\_\_\_\_ (cannot combine w med insur discount) -15% = -\$ \_\_\_\_\_

**Cash Discount (save credit card fees, DEP + ENTIRE BALANCE MUST BE CASH) -10% = -\$ \_\_\_\_\_**

Other: \_\_\_\_\_ -\$ \_\_\_\_\_

**PUT INTO ACT: B=TOTAL CREDITS = -\$ \_\_\_\_\_**

**C. PRICE AFTER CREDITS: (A - B =) C=\$ \_\_\_\_\_**

**D. NON-REFUND TESTING FEE (tell pt!) D.DEPOSIT = \$ \_\_\_\_\_**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Fin CreditCard chk Staff:\_\_\_\_\_ DrCSigCash:\_\_\_\_\_ PutInActInitChargeCreditDepBal!!!

CCredit/Alph Acct#:\_\_\_\_\_ SS#:\_\_\_\_\_ Loan Terms:\_\_\_\_\_

**E. BAL TellPtMustPayBalAtPVPtoSchedORdate (C-D=) E.BAL=\$ \_\_\_\_\_**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ CC chk Fin Amount (\$)\_\_\_\_\_ Staff:\_\_\_\_\_ DrCSCash:\_\_\_\_\_ ResidBal:\$ \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ CC chk Fin Amount (\$)\_\_\_\_\_ Staff:\_\_\_\_\_ DrCSCash:\_\_\_\_\_ ResidBal:\$ \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ CC chk Fin Amount (\$)\_\_\_\_\_ Staff:\_\_\_\_\_ DrCSCash:\_\_\_\_\_ ResidBal:\$ \_\_\_\_\_

**Co-Pay / >1yr\$100 / Ketamine \$100 / TearBagComboDrop\$150 / PreVue\$250ea / OV\$300 / SO\$500**

Date:\_\_\_\_\_ Type of Service (see list above):\_\_\_\_\_ Payment Method:\_\_\_\_\_ Staff First Name:\_\_\_\_\_ Amount (\$)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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