



Cataract Surgery

BILLING INFORMATION SHEET

All cataract surgeries are performed at **Fairbanks Memorial Hospital**, because of this you may receive multiple billing statements for your surgery:

- 1 **Mountain View Eye Center, for Dr. Johnson's time and services**
- 2 **Fairbanks Memorial Hospital, for the facility charges**
- 3 **The anesthesiologist services**

If you have medical insurance, our dedicated billing department will verify your coverage, determine your out of pocket costs, and will prepare an estimate for you. This estimate will be ready for you at your scans and paperwork appointment. It will include insurance out of pocket costs and the total for any premium lens package that you choose/discuss with **Dr. Johnson**.

All out of pocket costs and premium package fees are due up front prior to surgery. We have multiple payment options. **We accept:**

- 1 **VISA**
- 2 **MASTERCARD**
- 3 **DISCOVER**
- 4 **AMERICAN EXPRESS**
- 5 **PERSONAL CHECK**
- 6 **CASH**

We also accept Care Credit, a healthcare credit card financing option. If you would like more information, please ask us about signing up online!

Mountain View Eye Center also has multiple in-house payment plan options, which have zero interest and no penalty for early pay off! There is a \$50.00 financing charge per eye.

(907) 328-2920
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Cataract Surgery

COMPARISON CHART

	Standard Package	Astigmatism Package	Symfony Package	Panoptix Package
No Glasses For Distance Vision	60% Of Patients	<85% Of Patients	<85% Of Patients	<85% Of Patients
Glasses Needed For Computer	Yes	Yes	Rarely	Rarely
Glasses Needed For Near Vision	Yes	Yes	Likely	Rarely
Astigmatism Correction	No	Yes	Yes	Yes
Possible Glare After Surgery	No	No	Mild	Mild
Cost Of Package	No Additional Cost	Additional \$1500 Per Eye	Additional \$2500 Per Eye	Additional \$3000 Per Eye
Use of ORA	No	Yes	Yes	Yes

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FINANCING OPTIONS

CareCredit™ **PAYMENT PLAN**

Health Care Credit Card Financing. Apply in office today!

No interest

14.90% interest

Amount Financed	6 months	12 months	24 months	36 months
\$6000		✓	✓	✓
\$5000		✓	✓	✓
\$3000		✓	✓	✓
\$2500	✓	✓	✓	✓
\$1500	✓	✓	✓	✓

*Interest is deferred and will be due if plan is not paid in specified timeframe



PAYMENT PLAN

First payment plus additional \$50 fee per eye due prior to surgery

Payment Plan Options

Amount Financed	3 months	5 months	6 months	10 months
\$6000	\$2000	\$1200	\$1000	\$600
\$5000	\$1666.67	\$1000	\$833.34	\$500
\$3000	\$1000	\$600	\$500	
\$2500	\$833.34	\$500		
\$1500	\$500			