



**Carbon Valley
Eye Care**

Dr. Jeff Berger, O.D., FCOVD
Dr. Michael Koditek, O.D., FAAO
Dr. Taylor Kiyota Jackson, O.D.

Dry Eye Evaluation Advance Beneficiary Notice of Noncoverage (ABN)

Patient Name: _____

Date: _____

The purpose of this form is to help you make an informed choice about your visit today. Before you decide about your options, please read this entire notice carefully.

The three procedures listed below are commonly accepted by medical insurances. Your out-of-pocket costs will depend on your insurance coverage.

92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program	\$136
92285	External ocular photography with I&R for documentation of medical progress	\$34
83516	Immunoassay for analyte other than infectious agent antibody or antigen	\$20

You will be financially responsible for the two tests below at the time of service. The insurance reimbursement codes are new, and represent, "emerging technologies, services and procedures," so coverage is determined individually. We will give you an itemized receipt to submit to your insurance, FSA or HSA, **but you will likely be financially responsible.**

0507T	Near-infrared dual imaging (i.e. simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with I&R	\$50**
0330T	Tear film imaging, unilateral or bilateral, with I&R	&10**
TOTAL		\$250

OPTIONS: Check only one box.

<input type="checkbox"/>	I want the services listed above billed to my medical insurance and will pay \$60 today. I understand if my deductible has not met or my insurance does not to cover any portion, I will be financially responsible.
<input type="checkbox"/>	I elect to private pay and receive a 30% discount (\$175). (This option can be selected if you do not have medical insurance or if you have medical insurance, but you have not met your deductible.)
<input type="checkbox"/>	I do not want the services listed above.

Signing below means that you have received and understand this notice. You may receive a copy upon request.

Signature: _____

Date: _____



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