

Understanding your Surgical Bill:

There are 3 separate entities that will be billing your insurance for your upcoming procedure. **Billing Questions? Please call 1-332-233-5053**

1. Professional Fee (Grand Rapids Ophthalmology Surgeon):

The doctors' fees are billed to your insurance first and if you owe anything after surgery, our billing department will send you a statement by mail. We will check with your insurance if there are any prior authorizations that are required before your surgery.

2. Facility Fee (Surgery Center):

The facility fee pulls your benefits prior to surgery. If you owe anything upfront, they will reach out to you prior to your surgical date to attempt to collect their portion of the deductibles, copays, and coinsurance.

3. Anesthesia: You will get a bill in the mail after your procedure – if you want to have an idea of your out-of-pocket cost for the anesthesia portion you may call the anesthesia billing department associated with the surgery center where you had your procedure.

Surgical Care Center: Anesthesia Professional Services -1-734-241-3891

Walker Surgical Center: Anesthesia Practice Consultants 616-364-4200

Upgraded Lenses/ATIOL: Upgraded lenses **are not covered** by any insurance companies at this time due to being deemed “cosmetic” and not medically necessary. These will not be billed to your insurance company. Your total lens cost must be paid 2 weeks prior to your surgical date.

All copays, coinsurance and deductibles are your responsibility. The surgery center will attempt to collect any copay or coinsurance, and deductibles before surgery. Please contact your insurance company to prepare for these costs. Failure to pay these costs before your surgery may result in cancellation.

If you are looking to get an idea of out-of-pocket costs before your surgery, you can call your insurance company. Your insurance company will ask for the following codes:

☐ Cataract – 66984

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☐ YAG Laser Capsulotomy- 66821

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