# **OVO** OD REFERRAL PROGRAM



# SERVICE PRICING + REIMBURSEMENT

## LASIK/PRK -- Alcon EX500 Laser System

Topography-Guided Contoura \$1995 per eye

Standard Wavefront Optimized \$1795 per eye

#### ADVANCED LASER-ASSISTED CATARACT PACKAGES

Light Adjustable Lens (LAL)

\$4295 per eye

Self-pay fee in addition to Standard Insurance Based Cataract surgery (subject to insurance coverage)

Advanced Distance + Near

\$3095 per eye

Self-pay fee in addition to Standard Insurance Based Cataract surgery (subject to insurance coverage)

Advanced Distance (Toric or Monovision)

\$2095 per eye

Self-pay fee in addition to Standard Insurance Based Cataract surgery (subject to insurance coverage)

## SPECIALTY LENS PROCEDURES

EVO ICL // Starting @

\$4395 per eye

Refractive Lens Exchange // Starting @

\$4395 per eye

## REFERRAL REIMBURSEMENT

LASIK/PRK: 20% of patient fee

Advanced Cataract Packages: \$300 per eye

Cash Pay Cataract Procedures: \$350 per eye

Specialty Lens Procedures (ICL/RLE): \$600 per eye

CXL (Corneal Cross Linking) and Standard Cataract post-operative reimbursement per insurance

guidelines with direct submittal from your office