



# MUELLER VISION

LASIK & CATARACT EYE SURGERY

## Co-Management Rate Card for Post-Operative Care

Per CMS Co-Management guidelines, the Primary Optometrist Office (POO) must set their own fee for post-operative care. The Primary Optometrist Office (POO) can change their rates at any time.

To provide the best patient experience, during the patient's visit, Mueller Vision provides each patient with a complete and transparent list of all estimated fees associated with their elected surgery.

For Mueller Vision to provide this information, each Primary Optometrist Office (POO) must provide Mueller Vision with their rates using this form. When a patient has consented in writing to be co-managed by the POO below, and the patient has chosen a surgical procedure the fee indicated below will be represented on the Mueller Vision Financial Form as this POO's fee for Post-Operative Care.

**Please complete and fax this form to (682)244-2204. The rates provided below will be the one presented to our co-managed patients.**

Primary Optometrist Practice Name: \_\_\_\_\_

Primary Optometrist Name: \_\_\_\_\_ NPI # \_\_\_\_\_

Office Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**My rate for providing Post-Operative Care is:**

**LASIK/PRK/SMILE: \$ \_\_\_\_\_ Implantable Contact Lens (ICL): \$ \_\_\_\_\_**

**Custom Lens Replacement (CLR): \$ \_\_\_\_\_**

**Astigmatism Correcting: \$ \_\_\_\_\_ Presbyopia Correcting: \$ \_\_\_\_\_**

**Light Adjustable Lens (LAL): \$ \_\_\_\_\_**

**Does your office bill medical insurance for BASIC Cataract Surgery? YES / NO**

***I, the undersigned, affirm that my above rates will include ALL applicable follow-up appointments that each Co-Managed patient needs.***

\_\_\_\_\_  
Primary Optometrist Signature

\_\_\_\_\_  
Date

4000 Bryant Irvin Road, Suite 216, Fort Worth, TX 76109

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