



**CO-MANAGEMENT PROTOCOL**

I participate with Medicare and third party insurances and wish to provide pre and post-operative care at my facility as designated herein.

I do not participate with the following insurances but wish to provide pre and post-operative care at my facility as designated herein.

Medicare     BC/BS     United     Aetna     Humana     Cigna

Other Commercial: \_\_\_\_\_

I wish to provide pre and post-procedure care at my facility for the following procedures:

- YAG "All-Laser" LASIK             Superficial Keratectomy/PTK
- Basic Monofocal Lens             PRK             Pterygium Excision
- Astigmatism Correcting Lens             Implantable Contact Lens (ICL)
- Multifocal/Accommodating Lens             Refractive Lens Exchange

As the co-managing physician, I understand and agree to the following:

1. I confirm that this is not an agreement to refer and that the co-management fees below are based on a fair market value to services rendered by a co-managing physician and not an inducement to refer patients.
2. I confirm that I will be providing post-operative care on behalf of Gulfcoast Eye Care.
3. If I **do not participate** with my patient's insurance but wish to provide post-operative care on behalf of Gulfcoast Eye Care, I will provide the care as an Independent Contractor. Gulfcoast Eye Care will bill Medicare and/or third party insurances for total care and will allocate a portion of the fee for post-operative care.
4. If I **do not participate** with my patient's insurance, I will not bill Medicare and/or third party insurances for post-operative care.
5. If I **do participate** with my patient's insurance, I understand it is my responsibility to bill co-management directly to Medicare and/or third party insurances for post-operative care.
6. I will provide post-operative follow-up care for my **Basic Monofocal Lens Patient** at 1 day second eye, 3-4 weeks, 3-4 months and any other follow-up visits which the patient may require during the 90-day post operative period. After each post-operative appointment I will send my findings, including visions at all distances with and without refraction, to Gulfcoast Eye Care.
7. I will provide post-operative follow-up care for my **Astigmatism Correcting Lens/Multifocal Accommodating Lens Patient** at 1 day second eye, 3-4 weeks and 3-4 months post-operative appointment and any other follow-up visits which the patient may require during the 90-day post operative period. After each post-operative appointment I will send my findings to Gulfcoast Eye Care as follows:

*Refraction*

*Distance, Intermediate, and Near Vision for each eye and bilateral with and without refraction*

- a. Measure intermediate vision at 32"*
- b. Measure near vision at clearest distance for patient*
- c. Near vision through distance Rx*

8. I will provide post-operative follow-up care for my **LASIK Patient** at 1 day, 1 week, 1 month and 3 months and any other follow-up visits which the patient may require during the post-operative period. After each post-operative appointment I will send my findings to Gulfcoast Eye Care as follows:

*Refraction*

*Distance and Near Vision for each eye and bilateral (for a Monovision patient measure Bilateral Distance and Bilateral Near)*

- a. Measure near vision at clearest distance for patient*

9. I will provide post-operative follow-up care for my **PRK Patient** at 1 day, 1 week, 1 month and 3 months and any other follow-up visits which the patient may require during the post-operative period. After each post-operative appointment I will send my findings to Gulfcoast Eye Care as follows:

*Refraction*

*Distance and Near Vision for each eye and bilateral (for a Monovision patient measure Bilateral Distance and Bilateral Near)*

- a. Measure near vision at clearest distance for patient*

10. I confirm that I am a licensed optometric physician in good standing in the State of Florida. I am knowledgeable about cataract surgery and laser vision correction and its risks and benefits. I am responsible for the care which I render to my patients. I maintain professional liability insurance with a Florida licensed insurance company.

11. I will immediately report any complication or adverse events (i.e., infections, haze, intraocular pressure in excess of 25 mmHg, etc.) to the respective surgeon.

12. I understand that Gulfcoast Eye Care will pay the co-management fees 2 weeks following the receipt of post-operative notes for the second eye post-operative visit.