



Referral and Comanagement Information

**1300 E. 20th St.,
Cheyenne, Wyoming 82001**

Cheyenne Eye Clinic & Surgery Center

At Cheyenne Eye Clinic we value the opportunity to share in the medical and surgical eye care of your patients and appreciate the trust that you place in us. To best serve your patients who need a referral, please review the following packet of information for our current referral and comanaged-care protocols. Included you will find the following:

1. Ways to refer your patients and send notes securely
2. Patient education and resources for their referral
3. Comanaged care documentation
4. What you can expect from our office
5. A resource list for any needs from our team

We strive to keep an open line of communication with your office throughout the shared care of your patients, and we always welcome your feedback. Thank you for entrusting the care of your patients to our team at Cheyenne Eye Clinic.

Sincerely,

Our Team at Cheyenne Eye Clinic & Surgery Center

Optometric Relations

Lindsey Allen
Physician Liaison
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lallen@panoramaeyecare.com

Patrick Rosen
Vice President of Marketing
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How to Refer



Online Portal - Preferred

cheyenneeyeclinic.com/referral-portal-home/ OR
login.phreesia.net

Refer a patient, submit charts and visit notes, access patient forms, communicate with our team, and see the status of your referred patients

Direct Address

Our providers can be looked up by direct address in your EHR, or contact our referral department for a full list of provider's direct addresses



Phone

307-773-7190
Referral Department

Email

referrals@cheyenneeyeclinic.com
Please do not send patient information or notes unless your email is encrypted



Fax

307-773-7191

Other Contacts

Surgery Scheduling
307-773-7173

Billing
307-773-7150

Clinic Manager
307-773-7141

General Inquiries
307-634-2020

Medical Records
307-400-4091 Ext. 12658

Comanaged Care with CoFi

We have partnered with CoFi, a tool for handling co-management fees for refractive cataract and LASIK procedures. With CoFi, the patient pays Cheyenne Eye Clinic & Surgery Center and your practice separately, through one single, convenient payment event for the patient, right at our office.

This means you are paid upfront, at the same time we are, and the patient has a much better payment experience. CoFi eliminates both the hassle of receiving checks and questions about the status of payments and ensures the fees are handled compliantly. In addition, you have visibility into active and past comanagement payments through CoFi.

If your office intends to comanage care with our team, you must be enrolled with CoFi – If you would like to schedule a time for Cofi implementation, please contact John at CoFi: john@cofimd.com

Comanaged Care Fees

The following list of fees for services are subject to fair market value confirmation.

| Upgraded Cataract Packages | Comanaged Services Fair Market Value | Post-Operative Care |
|-----------------------------------|---|----------------------------|
|-----------------------------------|---|----------------------------|

| | | |
|------------------------------|-----------------------------|-----------------|
| Astigmatism Reducing Package | \$250 <i>Per Eye</i> | 180 Days |
|------------------------------|-----------------------------|-----------------|

| | | |
|--------------------|-----------------------------|-----------------|
| Multifocal Package | \$375 <i>Per Eye</i> | 180 Days |
|--------------------|-----------------------------|-----------------|

Laser Vision Correction & Refractive Services

Via Panorama LASIK

| | | |
|------------|-------------------------------|-----------------|
| LASIK, PRK | \$950 <i>Bilateral</i> | 180 Days |
|------------|-------------------------------|-----------------|

| | | |
|----------------|-------------------------------|-----------------|
| EVO Visian ICL | \$950 <i>Bilateral</i> | 180 Days |
|----------------|-------------------------------|-----------------|

| | | |
|--|-----------------------------|-----------------|
| Refractive Lens Exchange <i>Monofocal</i> | \$250 <i>Per Eye</i> | 180 Days |
|--|-----------------------------|-----------------|

| | | |
|---|-----------------------------|-----------------|
| Refractive Lens Exchange <i>Multifocal</i> | \$375 <i>Per Eye</i> | 180 Days |
|---|-----------------------------|-----------------|

Cataract Surgery Intraocular Lens (IOL) Packages



Single Vision Package



BENEFITS

- Improves clarity of distance *or* near vision only. *Glasses or contacts will likely be needed after surgery*

INCLUDES

- Monofocal IOL
- Postoperative care for 90 days

COST

This package will be billed to insurance, copays and deductibles will apply.

Astigmatism Reducing Package



BENEFITS

- Reduces astigmatism
- Reduces dependency on glasses for distance vision

INCLUDES

- Standard or toric IOL *as determined in consultation with your surgeon*
- Postoperative care for 180 days

COST

This package will be billed to insurance, copays and deductibles will apply.
Additional Out-of-Pocket Cost: \$1,500 per eye

Multifocal or Accommodative Package



BENEFITS

- Corrects near and distance vision and astigmatism
- Reduces or eliminates dependency on glasses

INCLUDES

- Multifocal IOL *as determined in consultation with your surgeon*
- Postoperative care for 180 days

COST

This package will be billed to insurance, copays and deductibles will apply.
Additional Out-of-Pocket Cost: \$2,500 per eye



Cataract Surgery Comanagement

What To Expect

PRE-OPERATIVE

What you do...

- **Send in your referral** *see page 3*
- **Include most recent dilated exam records**
- **Include any notes regarding lens preference and lifestyle needs**
- **Sign and return the Comanagement/ Transfer of Care Documentation** via Phreesia Connect, online portal, direct address, or fax. This document confirms the patient's intent to comanage

What we do...

- Review surgical options with your patient
- Confirm the patient's intent to comanage
- Review fees and included benefits with your patient
- If the patient chooses to have their post-operative care managed by you, we will contact your office to coordinate all post-operative care
- Send you surgical notes and post-operative plans
- Bill the patient's insurance with modifier -54

POST-OPERATIVE

What you do...

- **Review Op Note Summary** to confirm correct ICD-10 and CPT code
- **Perform Post-Op tests** requested by Surgeon, in addition to any testing you feel necessary
- **Send Post-Op reports** after each visit via Phreesia Connect, online portal, direct address, or fax. The single vision package includes post-op visits for 1 day, 1 week, 1 month, and 3 months*
- **Contact us** as needed with any additional surgical questions

Upgraded Lens Packages

- Upgraded lens packages include an additional 90 days of post-operative care beyond the global period to ensure our patient's expected refractive outcomes are met.
- If a patient is not satisfied with their vision, or if they have residual refractive error, please refer the patient back to our office at the 180-day mark for a consultation for a laser vision touch-up or YAG work-up.

Cataract Post-Op Report For Comanaged Patients



Patient Name _____

DOB _____ Date of Exam _____

Surgeon _____

Surgical Eye (Circle One) **OD** **OS** Date of Surgery _____

Post-Op Visit (Circle One) **1 day** **1 week** **1 month**
3 month **3 month+ (Multifocal IOL)**

Medications

| | | | | |
|-------|-----|-----|----|-------------|
| _____ | TID | BID | QD | other _____ |
| _____ | TID | BID | QD | other _____ |
| _____ | TID | BID | QD | other _____ |
| _____ | TID | BID | QD | other _____ |
| _____ | TID | BID | QD | other _____ |

UCVA DIST 20/_____ PH 20/_____ UCVA NEAR (if multifocal IOL) 20/_____

Manifest Refraction _____ 20/_____ IOP NCT/applanation _____ mmHg@_____

Pupils Round Other _____ Surgical Wound Intact Other _____

IOL Position Centered Decentered Posterior Caps Clear Opaque

Cornea (Edema) None 1+ 2+ 3+ 4+ Other _____

AC (Cell & Flare) None 1+ 2+ 3+ 4+

Macula Unchanged from Pre-Op CME Other _____

Retina Unchanged from Pre-Op Other _____

Chief Complaint 2nd Eye (Circle One) OD OS _____

Other Findings _____

Assessment _____ Plan _____

_____ RTC _____

Comanaging Physician Name (Print) _____ Date _____

Comanaging Physician Signature _____

Submit Your Post Op Report
Preferred Via Phreesia or cheyenneeyeclinic.com/referral-portal-home | Direct Address
referrals@cheyenneeyeclinic.com | Fax 307-773-7191 | Questions? 307-773-7190