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Effective: 1/1/07-12/31/07

Physician and Facility Reimbursement:

Surgeon services / National Average Rates

<u>CPT Code</u>	<u>Procedure</u>	<u>Physician</u>		<u>Facility Only</u>	
		<u>Non-facility Rate</u>	<u>Facility</u>	<u>ASC</u>	<u>Hosp.</u>
66821	YAG Capsulotomy	\$270.97	\$253.91	\$312.50	\$312.50
66761	YAG Iridotomy	\$381.63	\$337.29	N/A	\$312.50
<u>Green/Red</u>					
67228	P.R.P.	\$914.09	\$809.11	N/A	\$312.50
65855	A.L.T.	\$297.12	\$254.29	N/A	\$312.50
66761	Iridotomy (same as YAG)	\$381.63	\$337.29	N/A	\$312.50
67039	Vitrectomy Mechanical Pars Plana with Endo Laser	\$1,038.01	\$1,038.01	\$995.00	\$2,300.69
67040	Vitrectomy Mechanical Pars Plana with Endo – PRP	\$1,196.05	\$1,196.05	\$995.00	\$2,300.69

Patient co-pay is 20% of the national average procedure reimbursement rate.