

VITREOUS FLOATER SOLUTIONS (VFS) AFFILIATE REGISTRATION FORM

Co-Management Affiliate Registration Guide

The information requested in the VFS Affiliate Registration Form will allow us to provide our partner eye doctors enhanced communication and services. Also, it will aid us in providing practice management support, and will enable us to facilitate timely payments to our affiliates. Your name and practice location information may also be on our website listing you as a local preferred partner for the diagnosis and management of vitreous floaters.

Affiliate Doctor Information

This section is to be completed by all providers joining VFS in patient care and those providers performing pre- or post- operative evaluations and care for patients.

Your Practice Information

Your practice information is important for a variety of reasons, not the least of which is to assure prompt and accurate payment to all providers participating in the care of patients. When information is requested that is not applicable, please indicate 'N/A'.

Co-Management and Operative Fees

The Health Care Finance Administration (HCFA) has established guidelines for co-management fees which are commensurate with the amount of time, effort, and resources typical of the co-managing doctor and facility. Our co-management fee is reflective of this is set as a one-time disbursement:

Co-Management fee for Laser Vitreolysis Patients: \$200.00

As of this writing, the primary treatment fees for laser treatment of eye floaters is \$1850 (with the second treatment included at no charge). We suggest quoting a fee range of \$2100-2500 for a typical treatment series (per eye) rather than a specific fee as the number of treatments necessary for an acceptable outcome depends on many variables such as type, extent, location and distributions of the floaters as well as the patient's expectations for success.

Our website will list the current fees and can be found at: www.thefloaterdoctor.com/fees. For guidance on candidacy and guidelines for co-managing floater-suffering patients, please visit TheFloaterDoctor.com/doctors.

Co-Management fee for PRP Eye drops: \$50.00

The fees for custom compounding of PRP Regenerative Therapy eye drops is \$400 for several small bottles (a 2-4 month supply). Our PRP-focused website will list the current fees which may be subject to change from time to time and can be found at: www.PRPMedicalClinic.com/fees. For guidelines on candidacy for treatment and co-managing extreme dry eye patients, please visit www.PRPMedicalClinic.com/doctors.

Finally, to complete your co-managing affiliation with VFS, simply sign and date the form in the next section and return to us.

Co-Management Collection and Disbursement Policy and Agreement

For convenience, I hereby authorize *Vitreous Floater Solutions Consulting & Research Group, Inc. (VFS)* to collect treatment procedure fees on my behalf, and in my name, from each patient for whom I will provide a portion of the pre- and post-procedure diagnosis, consultation, and care for laser photodisruption vitreolysis procedures and/or for custom compounded platelet-rich plasma eye drops. I understand and agree that VFS will forward a check to my attention within 7 days of the initial procedure. I have carefully read the enclosed material and certify that all the information I have provided is correct.

NAME: _____
PRACTICE NAME: _____
PRACTICE WEBSITE: _____
OFFICE ADDRESS: _____
OFFICE TELEPHONE: _____
MOBILE PHONE: _____
EMAIL ADDRESS: _____
FEDERAL TAX ID: _____
CHECKS SHOULD BE
ISSUED TO WHAT NAME? _____

Other Terms and Conditions

This service agreement may be terminated at any time by either party.

I wish to be affiliated with and join in the care of patients with VFS as an affiliate co-management provider. I am licensed and insured and will seek clinical education to provide this additional service to the patients if I do not currently have this knowledge. I hereby agree that VFS may use and publish my name as a "VFS Affiliate" in its marketing materials and advertisements. I have carefully read the adjoining material and have reviewed the information to assure its accuracy.

Signature _____

Date _____

Please return this completed form to:

James H. Johnson, M.D.
Vitreous Floater Solutions, Inc.
2102 Business Center Dr., Ste. 154
Irvine, CA 92612