



**ArcScan, Inc.**

433 Park Point Drive, Suite 220  
Golden, CO 80401

Phone: +1 720.773.8552  
Fax: +1 303.526.7416  
Website: [www.arcscan.com](http://www.arcscan.com)

RSA Member,

ArcScan wants to reintroduce the Insight 100 to you through a special program designed with RSA membership in mind. Over the past five-plus years we have been hard at work to improve upon the legacy platform. Here I want to identify some of the more relevant factors for you to consider in adopting this essential instrument into your armamentarium.

While OCT's certainly have a secure place in your practice, doctors at the highest level will recognize the need for a very high frequency ultrasound instrument. From ICL sizing not based on WTW, epi mapping to definitively identify keratoconus patients, evaluation of atypical corneas and tough refractive cases, to glaucoma evaluations, the Insight 100 is quite capable. For those atypical cases where topographical devices may indicate the presence of keratoconus, we can provide you a definitive answer. Dr. Reinstein has demonstrated a 7% uptick in LASIK/Refractive cases where other topographically derived suspect patients would have been ruled out<sup>1</sup>. The use of ICL's are increasing worldwide. Combining the Insight 100 imaging and measurement capabilities behind the iris and applying these to new formulae are resulting in very exacting outcomes.

When it comes to an ROI, if the above is not enough, using the reimbursement code of 76513 can justify the instrument with less than 12 reimbursable cases per month. I have attached an ROI calculator for your use as amounts vary by region.

Key areas of improvement lies in our install training, and online webinar content. We hold pre install calls to layout a successful implementation. We are on-site with operators and patients for three days. This is then followed up on a regular basis to ensure open communication and full adoption of the technology. The "Subscription" acquisition option even includes continuous software and hardware upgrades while participating in the program.

We truly want to eliminate any perceived obstacles to adoption so that you too can bring in this essential instrument to your high-end practice.

With best regards,

Barry Schafer  
VP Sales and Marketing  
[bschafer@arcscan.com](mailto:bschafer@arcscan.com)  
(916) 260-8351  
[www.arcscan.com](http://www.arcscan.com)

1. Stability of LASIK in topographically Suspect Keratoconus Confirmed Non-keratoconic by Artemis VH Digital Ultrasound Epithelium Thickness Mapping: 1-Year Follow-up – Dan Reinstein; et al. Journal of Refractive Surgery V25 July 2009



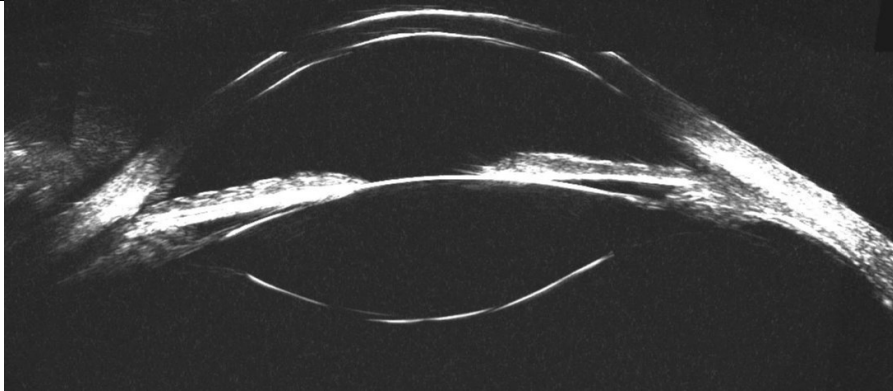
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### **Salient Characteristics**

<b>Features</b>	<b>Benefits</b>
<b>Epithelium Thickness Measures in increments of 1 micron</b>	<ul style="list-style-type: none"> <li>• Ability to visualize intrastromal pathology with extreme precision</li> </ul>
<b>Ability to measure behind the Iris Robotically</b>	<ul style="list-style-type: none"> <li>• Able to visualize placement of Implants soon after post op because there is no contact to the eye for examination</li> <li>• Postoperative visualization of cataract implants</li> </ul>
<b>Able to perform four anterior segment exams</b>	<ul style="list-style-type: none"> <li>• Epithelium</li> <li>• Intra-stromal</li> <li>• Anterior chamber</li> <li>• Posterior chamber</li> </ul>
<b>Keratoconus Identifier</b>	<ul style="list-style-type: none"> <li>• Able to identify keratoconus at an early stage</li> <li>• Ability to rule a patient in or out for LASIK with suspicious topography</li> <li>• Proven Ability to do 7% more LASIK with this technology</li> </ul>
<b>Robotic Repeatability</b>	<ul style="list-style-type: none"> <li>• Each test will be the same no matter who performs the exam. 95% repeatability/reproducibility</li> <li>• Sensitivity of 3μ at cornea, 0.12 mm behind the iris</li> <li>• Sonographer not required</li> </ul>
<b>Preoperative of IOL/ICL sizing</b>	<ul style="list-style-type: none"> <li>• Able to accurately measure WTW, ATA, STS, Lens Rise</li> <li>• Proven to be ideal for ICL post-op predictability</li> </ul>
<b>Precise Imaging</b>	<ul style="list-style-type: none"> <li>• Measuring according to the peak of the energy at the echo, measuring from peak to peak</li> <li>• 50 Mhz transducer</li> </ul>
<b>Epithelium thickness map</b>	<ul style="list-style-type: none"> <li>• Able to identify keratoconus at an early stage</li> <li>• High selectivity and sensitivity</li> <li>• Epi thickness, stromal thickness, back of the stroma curvature</li> </ul>
<b>Non-contact exam</b>	<ul style="list-style-type: none"> <li>• Ability to image patient soon after surgery</li> <li>• Avoid corneal damage due to probe</li> </ul>
<b>Automatic Glaucoma Report</b>	<ul style="list-style-type: none"> <li>• Able auto-detect Scleral Spur and make Calculations for Glaucoma evaluation (Std. Pavlin Measurements)</li> </ul>
<b>Ability to visualize intrastromal structures</b>	<ul style="list-style-type: none"> <li>• Can visualize Lasix flaps or residual stromal bed</li> <li>• There is physical discontinuity within stromal bed which causes an echo detected with the ultrasound</li> </ul>
<b>Ability to image zonular plane</b>	<ul style="list-style-type: none"> <li>• Provides precise lens rise measuring capability</li> </ul>
<b>Ability to measure total lens capsule image</b>	<ul style="list-style-type: none"> <li>• Ability to measure the total lens</li> </ul>

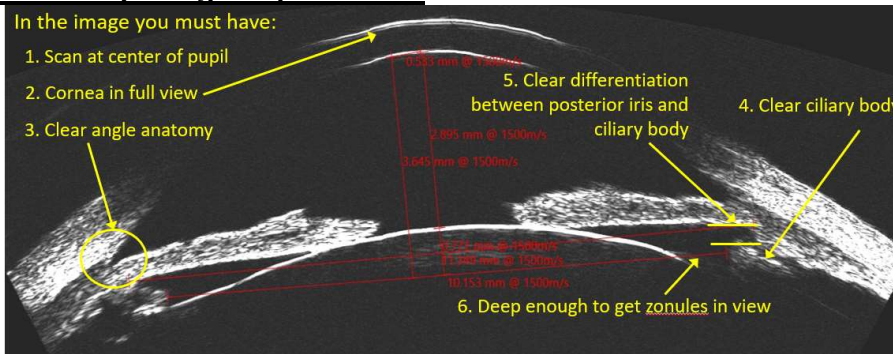
### Five-Scan Image of Full Capsule



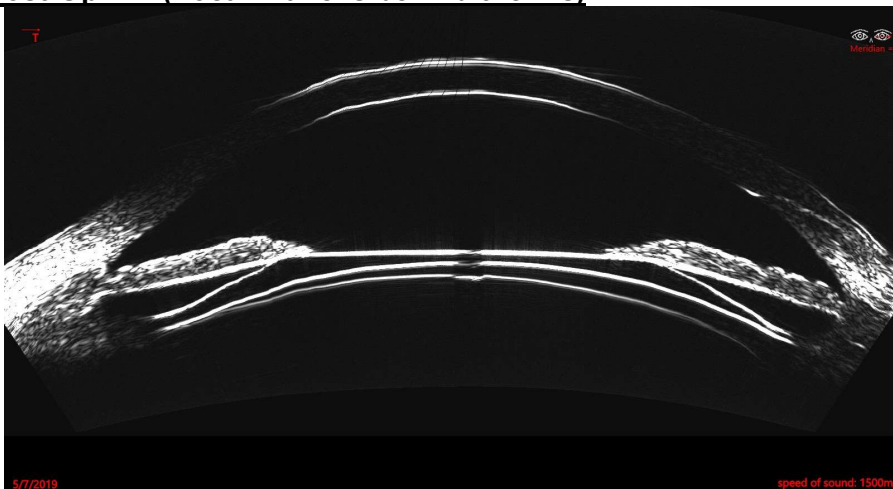
### ICL Pre-Op Image requirements

In the image you must have:

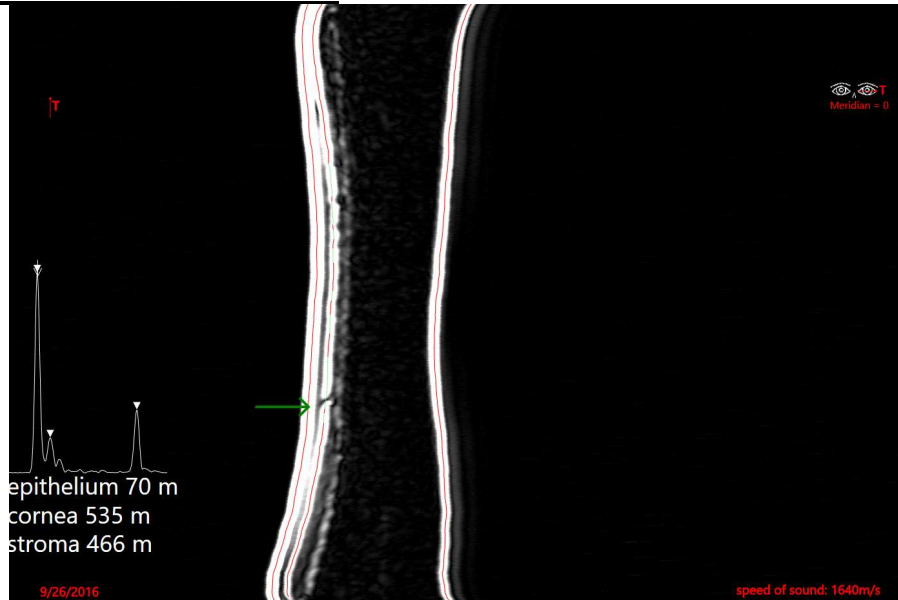
1. Scan at center of pupil
2. Cornea in full view
3. Clear angle anatomy
4. Clear ciliary body
5. Clear differentiation between posterior iris and ciliary body
6. Deep enough to get zonules in view



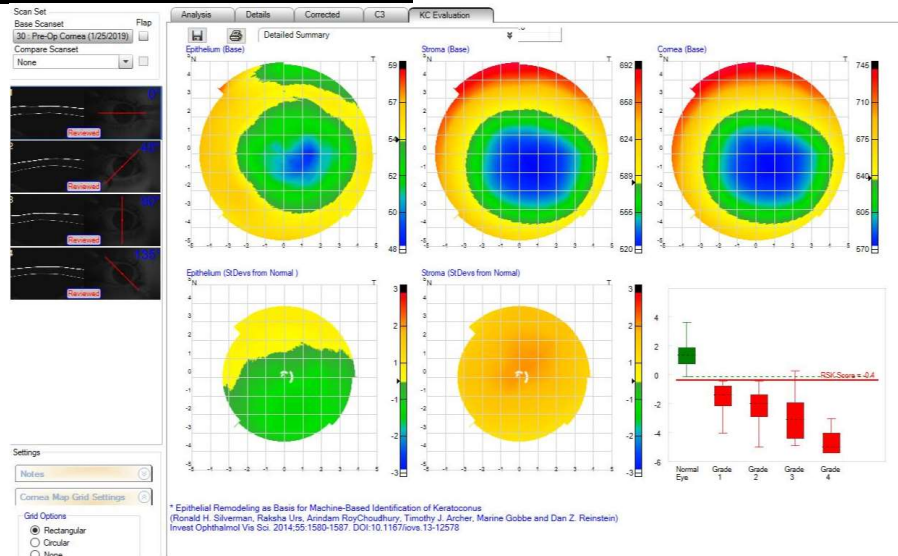
### Post-Op ICL (Focal Plane is behind the iris)



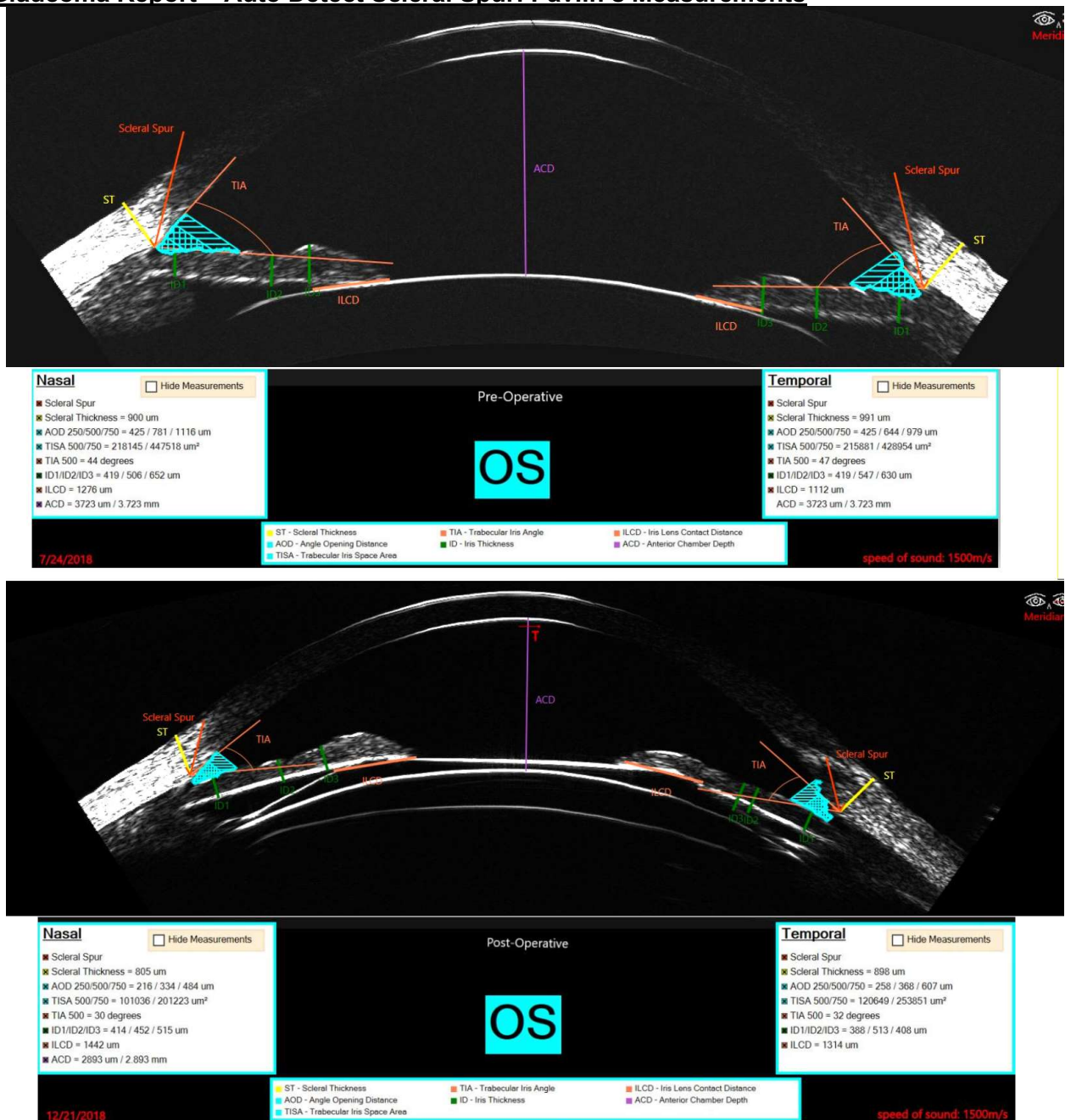
## Cornea with A-Scan Data



## Keratoconus Classifier Report



## Glaucoma Report – Auto Detect Scleral Spur: Pavlin's Measurements



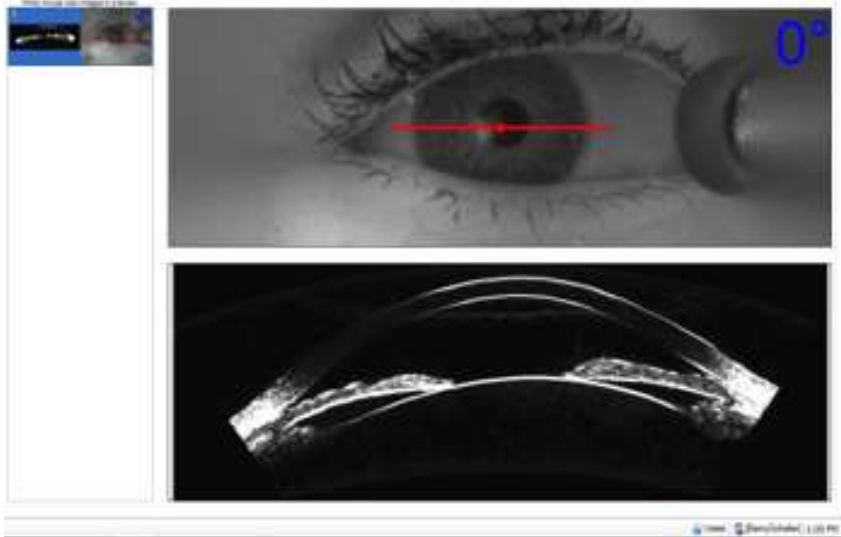


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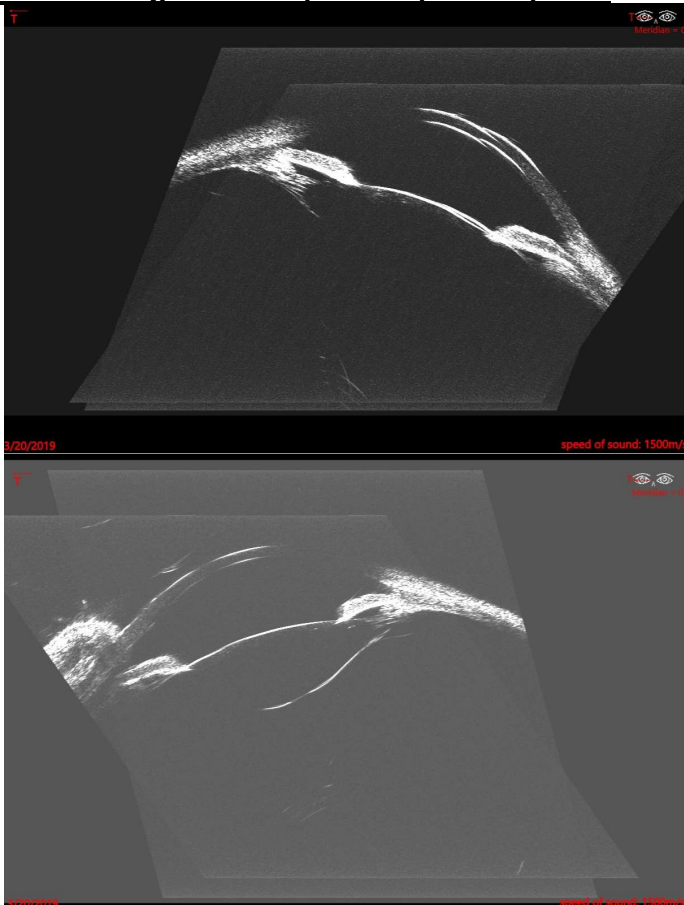
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**Sample of Screen Operator sees when image just captured**



**Work In Progress to capture capsule equator**





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## Sample ROI Calculator

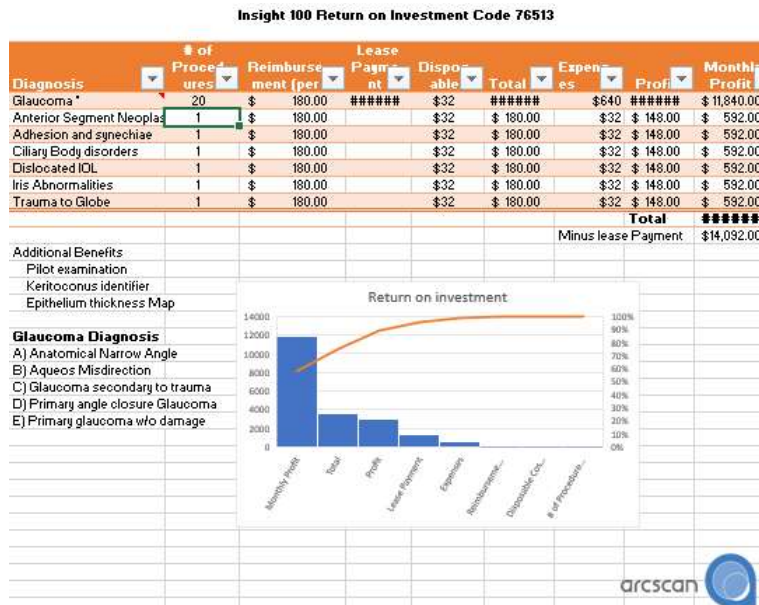


Table 2 Common Diagnosis Codes for UBM

ICD-10	ICD-9	Description
H21.5-	364.7x	Adhesions and disruptions of iris and ciliary body, (includes angle recession)
D31.-	224.0, 224.2 to 224.4	Benign neoplasm of eyeball and eye
H17.-, H18.0- to H18.5-	371.0x to 371.5x	Corneal scars, opacities, and degenerations <sup>3</sup>
H21.3-	364.6x	Disorders of iris and ciliary body
H40.3-	365.65	Glaucoma associated with ocular trauma
H40.5-	365.64	Glaucoma associated with tumor or cyst
H21.0-	364.41	Hyphema
H20.05-	364.05	Hypopyon
C69.-	190.1 to 190.4, 190.8	Malignant neoplasm of eye (various anatomical locations, including contiguous or overlapping sites)
H85.2-	996.53	Mechanical complication due to ocular lens prosthesis
H40.89	365.51	Phacolytic glaucoma
H21.82	364.82	Plateau iris
H40.2-	365.2x	Primary angle-closure glaucoma
H40.14-	365.52	Pseudoexfoliation glaucoma
H27.1-	379.32 to 379.34	Subluxation or dislocation of lens

NOTE: Listed codes are representative of covered diagnoses for 76513, but differences in payment policies exist for many payers. This list is neither exhaustive nor universally accepted. See your payer bulletins. The ICD-10 codes shown are not a precise crosswalk; the ending "dash" means a longer code may be required and contains greater specificity than the corresponding ICD-9 code. Some policies may not use all the codes in a listed range.



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## **Purchase Options**

### **Cash Option (Not through OUS Distributor):**

Insight 100 Installed and trained: \$74,500

Eyeseal 10 per box \$280/Box Single patient use, sterile.

Follow On Annual service after first year warranty: \$6,500 (US) \$8,500 (OUS)

#### **On-Site Training:**

ArcScan will conduct system training for 2.5 days. A second training of a deeper learning will be provided at an agreed upon date within 3 months of the initial install training.

Additional on-site trainings are available at the cost of \$1,995 plus expenses (within the US).

### **Finance or Cash Option:**

Insight 100, 2 years follow on service, 600 EyeSeals: \$97,800

Finance through Partners Capital:

Equipment Cost: \$97,800.00

Payment: 1-6 @ \$99, 60 @ \$1,620.10

**APR: 0% \*No prepayment penalty\***

#### **On-Site Training:**

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### Letter of Intent

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contacts:	Name:	Role:	Email:	Phone:
	_____	_____	_____	( ) _____
	_____	_____	_____	( ) _____
	_____	_____	_____	( ) _____
	_____	_____	_____	( ) _____

Website: \_\_\_\_\_

Primary Expected Uses and volume: \_\_\_\_\_

Acquisition Method Preferred:

☐ Finance (please complete and return FWC form)

☐ Cash: Option Chosen:

☐ Option 1) \$837 (15 Procedures/Month, then \$28 for each EyeSeal over 15)

☐ Option 2) \$917 (20 Procedures/Month, then \$25 for each EyeSeal over 20)

☐ Option 3) \$1,077 (30 Procedures/Month, then \$22 for each EyeSeal over 30)

Signature(s) \_\_\_\_\_

Name

Signature