SureSight™ Vision Screener

**Ordering Information:**

<table>
<thead>
<tr>
<th>Order Number</th>
<th>Description</th>
<th>U.S. List Price</th>
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<tbody>
<tr>
<td>14000</td>
<td>SureSight, Stand, Charger</td>
<td>$4,195</td>
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<tr>
<td>14042</td>
<td>Printer</td>
<td>$199</td>
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<tr>
<td>05140</td>
<td>Carrying Case</td>
<td>$149</td>
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<tr>
<td>53600A</td>
<td>Printer Paper (1 roll)</td>
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**Key Message:**
Finally, a child-friendly vision test that’s automatic, objective, and takes just seconds.
SureSight: Early detection for a lifetime of healthy vision.

**Markets:**
Pediatricians and Family Physicians (with high % children).
Eye Care model available (alternate distribution channel).

**Product:**
- SureSight is a portable vision screener. It automatically determines refraction - the optical state of the eye.
- Refractive errors (like near and far sightedness) are present in the majority of children at risk for Amblyopia, or "lazy eye". This loss of vision in one eye is the leading cause of blindness in those under 70.
- When risk factors are detected by 4 years, 95% of amblyopic blindness is preventable. Currently, 72% of amblyopes are undiagnosed until their teens.
- Abnormal results (for 3-4 year olds) are automatically flagged. Results can be sent remotely to an optional thermal printer.

**Top Benefits:**
- The only way to quickly (5 seconds vs. 5 minute eye chart), automatically (1 button press, no provider interpretation), and accurately screen vision in a child friendly manner (little cooperation required, 14 inch working distance, lights/sounds to engage attention).
- Addresses eye chart’s compliance, sensitivity (high false negatives - those who should be referred pass the test), and specificity (high false positives - kids with normal vision fail the test) problems.
- Compact and portable.
- Usable on infants and adults.

**Competition (none direct):**
- EyeChart/Vision Testers (Stereo Optical, Titmus): Time consuming, not objective, poor accuracy.
- Photoscreeners (MTI and EyeDx): Units have a high cost/use ($2-$3), are difficult to use, tough to interpret (MTI), have poor (MTI) or unknown (EyeDx) accuracy.

**Literature:**
- Brochure -- SM2266
- Demonstration Video -- SM2267

**Potential Tax Credits:**
*If MD’s practice qualifies:* 50% ADA tax credit plus IRC section 179 one year depreciation nets $1342 cost.

**Reimbursement:**
CPT code 92015 – Determination of Refractive State. So far, 1/3 of insurers gave average $15 ($7.50 - $40).
Qualification:
- Doctor, what do you currently do to screen the vision of pre-schoolers?
  - Ages attempted?
  - How successful is it/How do your nurses feel about it?
  - How long does it take?
  - Typical number performed in office weekly (peak Summer months)?
  - Method used (Chart, Vision Tester, Cards, etc.).

- What do you think about the AAP guidelines to vision screen all 3 year-olds?

Objections
- “SureSight doesn’t assess muscles (Strabismus)”
  - True. Comprehensive vision screening includes a check for Strabismus.
  - SureSight intended to screen for refractive error - more easily and accurately than the eye chart.

- “A Vision Tester allows me to assess other things like color vision.”
  - Given the key benefits of the SureSight over a vision tester for quickly and accurately screening, would using SureSight and a color testing book (~$75) make sense?
  - How often do you/would you perform the color vision test? (AAP doesn’t advocate).

- “I’m happy with the way we currently screen vision.”
  - Is your staff also satisfied? (Time savings/patient flow)
  - Refer to back of brochure - review poor medical efficacy of current methods.
  - If don’t test until 5, refer to AAP guidelines. Some insurers audit for compliance.

Price/Reimbursement
- Leasing alternatives
- Potential tax incentives
- Value of staff time/patient flow
- Medical benefits - improved outcomes
- Some payers (~1/3) pay average $15 ($7.50-$40).
- Other means to recoup investment

Financial Solutions

<table>
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<tr>
<th></th>
<th>Monthly Investment</th>
<th>After tax, monthly cost</th>
<th>After tax, daily cost</th>
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<tbody>
<tr>
<td>48 Month Lease</td>
<td>$108.65</td>
<td>$67.36</td>
<td>$3.21</td>
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<tr>
<td>24 Month Lease</td>
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Potential U.S Tax Incentives: Your customer’s investment in the SureSight™ may qualify for a 50% tax credit under the Americans with Disabilities Act (ADA), as well as other federal and state tax incentives.

Example:
- Capital investment: $4,195.00
  - (less ADA tax credit) ($2,097.50)

- Net Cost: $2,097.50
- IRC #179 deduction: ($755.10) (1 year expense instead of depreciation. Max $19,000/yr).
- Net Investment: $1,342.40

*Customer must consult with their tax advisor to determine if their practice is eligible for these tax incentives.*
Frequently Asked Questions for SureSight

Q: Why am I obtaining Low reliability numbers?
A: 1. Make sure the room is not too bright, especially with sun light.
2. Not getting “Chirps” even with cross hair on pupil - alignment is off- Send for service.

Q: Why is my instrument not accurate? All patients tested are nearsighted (- Diopter).
A: 1. Over minus readings were common with software versions prior to 1.20 in adult mode.
   Update the software to at least version 1.20 to correct this problem.
2. The patient may not be looking into the instrument at the red light. Instead they may be
   looking at the green flashing lights or the outside case of the instrument, which changes the
   focal distance of the eye and the refractive error becomes more negative.
3. It is also important to understand what the customer is comparing the reading of the SureSight
   to. If they are comparing the numbers to how well a patient reads the eye chart, there are a
   few things they need to understand. The SureSight only tests refractive error, and it has an
   accuracy of +/- .5 D. So if a patient measures -1.5 on the SureSight, the actual refractive
   error, could be as little as -1.0. In many children and young adults, the patient can
   accommodate for this error and read the eye chart as well as a person with no refractive error.
   The visual acuity cross reference chart, found in the operating manual, assumes no
   accommodation by the patient beyond what is calculated by the SureSight.

Q: Why will my SureSight not turn on even after it has been charged all night?
A: 1. Sometimes the fix can be as simple as removing the battery and reinstalling it. If the contacts
   are slightly off or if the battery holding lever was not in the correct position the unit will not
   power on.
2. It is also possible that the transformer jack is not making contact with the SureSight, due
   improper installation of the 710 transformer secondary through the rubber stand. To verify
   that this is the problem, ask the customer to take the cord out of the rubber housing and plug
   it directly into the SureSight. After waiting about 30 seconds, have them remove the charger
   from the SureSight and power the unit on, by pressing “GO”. All the LCD segments should
   light up briefly then go out if the battery received any charge at all. If the LCD still does not
   light up, then there is either a fault in the 710 transformer, or in the recharge circuit of the
   SureSight. We have not seen many battery failures to date.
3. The 710 charger can be checked using the HP printer, if the customer bought one to use with
   their SureSight. Have the customer remove one of the batteries from the printer, then connect
   the 710 charging transformer to the jack on the back of the HP printer. Ask the customer to
   print a diagnostic test on the printer. To do this, press down the feed button while turning the
   power on, then release the feed button. At the end of the print out, there will be “BAT #”,
   where # is equal to 4 or 5. If the number is less than 4 or if the diagnostic print does not
   come out at all, then the 710 charger is bad, and needs to be replaced.
4. Make sure the customer is removing the instrument from the charger, before trying to turn it
   on. There is an interrupt switch built into the charging jack, so the instrument cannot be
   turned on while the battery is charging.
Q: Where is the item and serial number of my instrument?
A: • Both are located on the inside of the battery access door. Note: A “2” in the third digit of the serial number indicates that the unit is an eye care auto refractor vs. a pediatric screener. I.e. 0120058 = 2001, Autorefractor, # 58 that year. I.e. 0100070 = 2001, Pediatric Screener, # 70 that year.

Q: Why are there black squares on the print out?
A: • Black squares are produced when the data stream from the SureSight to the printer is interrupted briefly. This can happen if the SureSight is being held at a steep angle to the printer or if there is an intermittent electrical connection on the IR transmitter or receiver. We would usually start by offering the customer a loaner SureSight, to see if the problem is in the Welch Allyn piece or the HP printer.

Q: Why does the printer only print the first line or two then stop?
A: • This usually occurs when the batteries are near dead. To verify, either ask the customer to install new batteries or if none are available, the 710 charger can be used as a test device. If the unit prints ok with new batteries or the transformer, then replacement of the batteries is all that is needed.

Q: Is there a transformer for my printer, so I won’t have to use batteries?
A: • Yes. HP carries a charger made to be used with the printer. The customer needs to contact HP to purchase the charger. Welch Allyn does not carry that item.

Q: This question relates to the age of a child 6 and under. Why is the age of 6 important? What physical changes occur at this age? Why have we chosen this age for the age change. Does this relate to changes in the algorithm and how so.?
A: Younger children have much more capacity to accommodate, which decreases as they age. After analyzing data from thousands of children, it was found that for 6 and under it was optimum to use one calibration curve, and for 7 and up another one (which factors in less accommodation).

Q: Is there any way of making the hand strap looser to accommodate some of our larger operators. I know it is self adjusting but can we extend somehow?
A: • The strap does tend to loosen up in the first few dozen uses. During our evaluation concerning the level of tightness, people by far preferred to err on the side of too tight.
Q: Can I use this SureSight to screen children under the age of 3?

A: The SureSight can be used on children ages 6 months - 3 years. The two referral criteria sets listed in our information in the quick reference guide (6 months of age and 3-5 years of age) are based on published criteria. Eye care specialists are not in agreement on referral guidelines for the group between these age groups. Those who choose to use the SureSight on children under 3 years of age typically discuss referral limits with a pediatric eye care provider (Ophthalmologist or Optometrist) and/or use the 6 month old referral criteria noted on the back of the quick reference guide. We do not recommend screening younger than 6 months, as there are not agreed upon referral criteria, and it can be difficult to obtain readings.