

Important Information About Your Upcoming Procedure

PLEASE READ



LASER AND SURGERY
INSTITUTE OF WI, LLC

800.472.0033 | 800 N 1st St, Suite 100, Wausau, WI 54403
Located in the lower level of the Eye Clinic of Wisconsin

In Anticipating of Caring For You

Thank you for allowing The Eye Clinic of Wisconsin and EC Laser and Surgery Institute to participate with your care. Our goal is to provide excellent surgical outcomes and deliver outstanding service by anticipating and meeting your needs with compassion.

Please read this booklet carefully. It contains important information that you need to know prior to your surgery.

Contact Information

General questions: please contact your surgery scheduler, or call 800.472.0033 or 715.261.8500.

Financial questions: 715.298.5500.

Please note that the Surgery Center hours are:

Monday, Tuesday, Wednesday: 6:30am-5pm.

Thursday, Friday: 6:30am-4pm.

If you have general questions, there is a doctor on call 24 hours a day and on weekends.

Our surgical center is surgeon-owned. The following surgeons are owners and have become owners as a result of their commitment to the highest quality of care for our community. As owners they have a financial interest in the facility, and you have the right to choose an alternative site of service for your procedure. Please contact your surgeons' office to obtain a list of sites where he/she has privileges to practice.

Our Physicians

Our physicians and owners are delighted to serve you.

(Owners are listed in bold print).

Mathew W. Aschbrenner, MD

Christiana L. Gandy, MD

Douglas T. Edwards, MD

Christopher J. Kucharski, MD

John A. Flatter, MD

Vernon C. Parmley, MD

L. Christopher M. Galang, DO

Afua A. Shin, MD

L. Ferdinand M. Galang, DO

Maxwell J. Wingelaar, MD

Surgery Date:

AM / PM

Label

Eye _____

History & Physical: Needed Not Needed

Family Medical Provider: _____

Appointment with Family Medical Provider: _____

Patient to schedule family doctor appointment within 30 days

Drops are ready for pick-up at the _____ office

Prescription is waiting for you at: _____

Please pick up prescription within 7 days of receiving this information. (If not, the pharmacy may put your prescription back in stock. They will keep it on file so you may want to contact your pharmacy to verify your prescription is ready for you prior to picking up).

Other: _____

Remember to bring all eye medications with you on the day of surgery.

Surgery Counselor _____

Before Surgery

Confirming Surgery Time

A nurse from the surgery center will call you a few days before your surgery to review pre-operative instructions and give you your arrival time.

If you do not hear from the nurse by noon the day prior to your surgery, please call 715.261.8514.

It is important to follow these guideline before surgery to prevent a delay or cancellation of your procedure.

Foods & Liquids

____ Topical Anesthesia: You may eat, drink and take your medications as you normally do.

____ MAC or General anesthesia: Do not eat any solid food for at least 8 hours before your surgery check-in time. (An example: if you check in at 9 a.m., you should stop your solid foods by 1 a.m.) Stop all clear liquids at least 6 hours before your surgery check-in time. (An example: if you check in at 10:00 a.m., you should stop your 6oz. of clear liquid before 4:00 a.m.). Clear liquids are liquids you can see through, such as water, apple juice, cranberry juice, tea, coffee, broth, Gatorade or Jell-O. (No dairy products or orange juice products).

Pre-Operative Instructions

Please discontinue wearing any eye makeup three (3) days prior to your surgery.

If seeing your family doctor: please talk about your medications, and which ones you need to take on the day of surgery.

Plan to shower or bathe the evening before or the morning of your surgery with an anti-bacterial soap such as Dial. Please leave jewelry, valuables, and large amounts of money at home.

Please contact your insurance carrier to verify coverage for doctor and facility.

The Day of your Surgery

- Bring all eye drops and ointments along.
- Please bring a list of the medications you are currently taking. (No need to bring pill bottles.)
- Wear comfortable, loose fitting clothing. Shirts should be button-up or zip.
- Bring your insurance card(s), including your Medicare card.
- Bring payment for your copay, or any services that are not covered by your health insurance plan.
- You will not be allowed to drive home after you are discharged from surgery. Please plan to have someone drive you to and from the surgical facility, as well as to your next-day, follow-up appointment. You will not be able to take a taxi following your surgery.
- Plan on being at the surgery center for approximately two to four hours from your arrival time.
- You may go home with a patch on your operated eye. If so, the doctor will discuss this with you and will tell you when it will be okay to remove the patch.
- After your surgery you will be given a kit. Please bring this kit, along with your prescribed eye medications and your reading glasses, to your first post-operative appointment after your surgery.
- Prior to going home after your surgery, a nurse will discuss home care needs and medical follow-up instructions with you. If you live alone, you will want to arrange for someone to stay with you the first night after surgery.
- Plan on taking it easy once you get home. If you have any problems or concerns, please contact us at 715.261.8500 or 800.472.0033.
- If you wish to take any oral medication for relaxation (Valium or Midazolam) or if you are having IV sedation (MAC or General), you MUST have a responsible adult present with you throughout the procedure and willing to sign a responsible party form.

Insurance and Billing Information

Insurance is a contract between YOU and YOUR insurance company. Be informed. It is your responsibility to contact your insurance company to verify your benefits, including in-network and out-of-network benefits, co-pays, deductibles, and out-of-pocket expenses.

CPT Code(s): _____

Pre-certification will be obtained by our insurance staff, but we encourage you to confirm that this has been completed.

There are a number of separate charges associated with your surgical procedure. You will receive a bill from your eye surgeon (his/her fee for performing your surgery) and the EC Laser & Surgery Institute of WI, as we are separate entities.

You may also receive bills from:

- Eye Doctor
- Radiologist
- Family Doctor
- Anesthesiologist and/or CRNA
- Pathology (services for tissue specimens removed during surgery that require further examination)
- Eye Clinic of Wisconsin - Cataract Surgery Patients will be charged a \$63 refraction fee after cataract surgery.

If you will need Family Medical Leave of Absence (FMLA) paperwork or short term disability paperwork completed for your upcoming surgery, please provide the paperwork to the clinic 2 weeks prior to the date of your scheduled surgery. Your signed consent is also required - often this is via signature on the first page of your packet, or the staff will ask that you sign a separate release.

Financial Policy

Thank you for choosing the EC Laser & Surgery Institute of WI for your upcoming procedure. Please take time to read our financial policy for a clear understanding of your responsibility.

Your bill from the EC Laser & Surgery Institute of WI will not include the services of your surgeon, anesthesiologist or laboratory charges.

Charges at the EC Laser & Surgery Institute of WI are billed as an all-inclusive global fee. Implantable items are billed separately. It is your right as a patient to request information or have questions answered regarding fee or payment policies.

It is your responsibility to contact your insurance company regarding deductibles, co-pays, referral, pre-certification or prior authorization for the procedure. Failure to obtain may result in a lower or no payment from the insurance company, and the balance will be your responsibility. Please make sure you bring your current medical insurance information with you to each appointment.

Patients with Medical Insurance

After surgery we will file your procedure to your insurance as a courtesy to you. If there is a balance due after insurance payment, ECLSI will send you a green statement. Payment of any balance is expected in a timely manner. If you cannot make a payment in full, please call EC Laser & Surgery Institute of WI to establish monthly payment arrangements.

ECLSI's policy is to turn over all delinquent accounts to a collection agency. You will be responsible for any collection fees incurred.

Patients without Insurance

These are patients without insurance coverage or patients without a current insurance card on file with us. Liability cases will be considered self-pay accounts. Self-pay: you will be contacted prior to your surgery with an estimated procedure cost for your surgery. You will be asked to complete a financial agreement; the full balance is due two weeks before your surgery. We do realize that an individual's financial ability to pay the full amount due on large balances at one time may not always be possible. Payment

arrangements can be made for large balances with our billing office.

Worker's Compensation

In the case of a worker's compensation claim, it is your responsibility to contact your employer/human resource department prior to the surgery date. Please provide us with the claim number, the company name and phone number and contact person and the name and address of the insurance carrier prior to your visit. If this information is not provided, you will be handled as a self-pay account.

Minor Patients

For all services rendered to minor patients, the adult with whom the patient resides is responsible for payment, even if the parents are divorced, regardless of the terms of the custodial agreement.

Methods of Payment

We accept cash, check, money orders, VISA, MasterCard, Discover (with credit card approval). We also accept Wells Fargo Health Advantage with a minimum amount.

Returned Checks

There will be a \$25.00 fee assessed for any and all checks returned from the bank for any reason.

Additional Contacts

Visit www.medicare.gov on the web or call 1-800-MEDICARE (800-633-4227) for more information, to ask questions, and to submit complaints about Medicare to the Office of the Medicare Ombudsman. <https://www.medicare.gov/claims-appeals/your-medicare-rights/get-help-with-your-rights-protections>.

You may also contact Wisconsin Dept of Health Services
1 West Wilson St., Madison, WI 53703 | 608.266.1865

If you have any questions or problems regarding your bill, please contact the EC Laser & Surgery Institute of WI. We are happy to help you between the hours of 8:00 a.m. and 4:30 p.m., Monday-Friday. Call us at 715.298.5500.

Risks and Complications Related to Eye Surgery

The Eye Clinic of Wisconsin believes it is in each patient's best interest to be as fully informed as possible. If you have any specific concerns about surgical risks and the possibility of complications, please discuss them with your physician.

The vast majority of patients experience no complications at all that are related to their eye surgeries; those patients who do have complications most often have complications that are manageable. It is not our intent to frighten you or to change your mind about agreeing to have eye surgery. However, since no surgery is without risks, including eye surgery, we believe it is in your best interest to have an understanding of the risk of surgical complications.

Although uncommon, when complications do occur, they most often result from: the eye surgery itself; local or general anesthesia; or medications used before, during, and after surgery.

The most serious complications that can occur following eye surgery include hemorrhage in the eye, infection in the eye, glaucoma, retinal detachment or clouding of the cornea. These complications can lead to permanent loss of vision, or complete loss of the eye.

Less serious complications include double vision, ptosis (drooping of the eyelid), and chronic tenderness or inflammation of the eye which can cause mild blurring of vision and require continued, permanent use of the eye drops to control. If a lens has been implemented in the eye during cataract surgery, on rare occasions, it may be necessary to reposition it or remove it.

There are complications that can occur as a result of local or general anesthesia, as well as with intravenous sedation. These include: cardiac arrest, respiratory arrest, heart attack, and the possibility of brain damage or paralysis as a result of stroke.

Although rare, death is also an unlikely but a possible complication of local or general anesthesia as well.

There is a risk of complications associated with the use of medications before, during, and after surgery. Though allergic reactions to medications used for the eye surgery are quite rare, they can occur in any patient even if there is no previous history of allergy to a given medication. Allergic reactions that do occur can be very mild causing only a rash or temporary hives; they can also be severe and can cause cardiac and respiratory arrest, stroke, heart attack, and even death.

Many different medications are used during preparation for surgery, as surgery is being performed, and during the postoperative period. Medications used before and during surgery include: antibiotic solutions, drops to dilate the pupil, drops to constrict the pupil, enzymes and vitreous substitutes used in the eye. Barbiturates, narcotics, and sedatives also may be used by the anesthesiologist during surgery.

During the post-operative period, medications used include antibiotics, cortisone derivatives, drops, and pills used to control chronic inflammation and the secretion of fluids in the eye, and sometimes pain relievers.

It is important to understand that some complications can occur by not taking prescribed medications as directed.

Eye drops used after surgery, for example, resolve tenderness and prevent late blurring of vision caused by inflammation.

There are other complications that can occur as a result of surgery - we have listed only the most severe risks.

If you have any specific concerns about surgical risks and the possibility of complications, please discuss them with your Eye Clinic physician.

Patient Rights and Responsibilities

As a patient, you have the right to:

Have access to the patient rights & responsibilities established by this center.

Be treated with respect, consideration and dignity.

Effective communication.

Be respected for your cultural and personal values, beliefs, and preferences.

Be provided appropriate privacy.

Pain management.

Access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation.

Receive care in a safe setting.

Information in a manner tailored to the patient's age, language and ability to understand.

Center-provided interpretive and translation services.

Center communications with the patient who has vision, speech, hearing, or cognitive impairments in a manner that fits the patient's need.

Be free from all forms of abuse or harassment.

Be fully informed about a treatment or procedure and the expected outcome before the procedure is performed.

Respect by the Center to the patient's right to receive care in a safe setting.

Appropriate information regarding the absence of malpractice insurance coverage.

Choose another source of service. Please contact your surgeon to obtain a list of sites where he has privileges to practice.

If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf;

If a state court has not adjudged a patient incompetent, any legal representative designated by the patient, in accordance with the state law, may exercise the patient's rights to the extent allowed by state law;

To see posted written notice of the patient rights in a place or places within the ASC likely to be noticed by patients (or their representative, if applicable) waiting for treatment. The written poster will include name, address, and telephone number of a representative of the state agency to whom the patient can report complaints, as well as the web site for the Office of the Medicare Beneficiary Ombudsman.

Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law.

Patients are given the opportunity to participate in decisions involving their healthcare, treatment, or services, except when such participation is contraindicated for medical reasons.

Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or a legally authorized person.

Patients are informed of their right to change their provider if other qualified providers are available.

The center involves the patient's family in care, treatment, or services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.

The center provides the patient, or surrogate decision-maker, with the information about the outcomes of care, treatment, or services that the patient needs in order to participate in current and future health care decisions.

The center informs the patient, or surrogate decision-maker, about unanticipated outcomes of care, treatment.

Marketing or advertising regarding the competence and capabilities of the organizations is not misleading to patients.

Patients are informed about procedures for expressing suggestions, complaints, and grievances, including those required by state and federal regulations.

The patient has the right to exercise his or her rights without being subject to coercion, discrimination, reprisal, or interruption of care that could adversely affect the patient.

Advance Notice Rights

The patient has the right to receive verbal and written notice in advance of the procedure, in a language and manner that the patient or the patient's representative understands.

The patient has the right to information concerning:

Patient rights, conduct and responsibilities;

Services available at the organization;

Provisions for after hours emergency care;

Fee for services;

Payment policies;

Patient's right to refuse participation in experimental research;

Advance directives, as required by state and/or federal law and regulations;

The credentials of health care professionals

As a Patient, You Are Responsible for:

Providing complete and accurate information to the best of his/her ability about his/her health, any medications, including over the counter products and dietary supplements and any allergies or sensitivities.

Following the treatment plan prescribed by his/her provider.

Providing a responsible adult to transport him/her home from the facility and remain with him/her for twenty-four (24) hours, if required by his/her provider.

Informing his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.

Accepting personal financial responsibility for any charges not covered by his/her insurance.

Being respectful of all the health care providers and staff, as well as other patients.

Advanced Directives Policy

As a patient, you have the right to participate in your own health care decisions and make an Advance Directive that authorizes others to make decisions on your behalf when you are unable to make decisions, or are unable to communicate those decisions. The EC Laser and Surgery Institute (ECLSI) respects and upholds these rights.

However, unlike a hospital setting, most procedures performed in this facility are considered minimal risk. Therefore, it is our policy, regardless of the contents of an Advance Directive, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to a hospital for further evaluation. If we have a copy of your Advance Directive, we will send a copy of the document to the hospital. The hospital will order further treatment or withdrawal of treatment measures in accordance with your Advance Directive.

Grievance Policy

The center strives to provide quality care and achieve patient satisfaction. Patient grievances or complaints provide a means to measure achievement of this goal and to identify need for performance improvement.

Patients shall be provided with a means to register a complaint concerning any aspect of the service/care provided by the center.

Each patient shall receive a written patient questionnaire upon discharge giving him/her an opportunity to evaluate his/her care.

Any patient may express his/her concerns through the said Questionnaire or by a simple informal complaint. Such a complaint may be registered by telephone, in writing or in person to any member of the center staff. All complaints received by center personnel shall be forwarded to the Clinical Director or his/her designee the same day.

The Clinical Director or his/her designee will attempt to address and resolve the concern by telephone or in person within three (3) days.

If subsequent to this contact by the center, the patient continues to have a concern, the patient may submit the complaint or grievance in writing to the Medical Director. The Medical Director will consider the submitted grievance and may request additional information or documentation.

Once the collection of relevant information for the grievance is determined to be complete, the Medical Director will respond to the grievance in writing within thirty (30) days. If the Medical Director is not able to make a determination within this thirty (30) day period, he/she will notify the patient in writing regarding the status of his/her grievance.

You have the right to choose another source of service. Please contact your surgeon to obtain a list of sites where he has privileges to practice.



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