

# Important Information About Your Upcoming Procedure

PLEASE READ



LASER AND SURGERY  
INSTITUTE OF WI, LLC

# 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

For questions, please contact your surgery scheduler, or call 715.298.5500 or 800.472.0033.

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 surgeon's office to obtain a list of sites where they have privileges to practice.

## Our Physicians

Our physicians and owners are delighted to serve you.  
(Owners are listed in bold print).

**Mathew W. Aschbrenner, MD**

David G. Carli, DO

**Douglas T. Edwards, MD**

**John A. Flatter, MD**

**L. Christopher M. Galang, DO**

**L. Ferdinand M. Galang, DO**

**Christiana L. Gandy, MD**

**Christopher J. Kucharski, MD**

**Afua A. Shin, MD**

Maxwell J. Wingelaar, MD

Surgery Date:

AM / PM

**Label**

☐ 800 N 1st St, Suite 100, Wausau, WI 54403

☐ 3301 Stanley St, Stevens Point, WI 54481

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 715.298.5500.

It is important to follow these guidelines 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 foods starting at midnight before your surgery check-in time. Stop all clear liquids at least 6 hours before your surgery check-in time. 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, tea, coffee, broth, Gatorade or Jell-O (please, no dairy products or orange juice products).

# 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.
- In the event that the patient has an **ACTIVE POA**, it would be necessary for the POA to accompany the patient on the day of the surgery for the consenting of procedure.
- You will not be allowed to drive home after you are discharged from surgery. Please plan to have an adult 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, depending on the type of procedure.
- 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 715.298.5500 or 800.472.0033.

# Insurance and Billing Information

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 (their 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 refraction fee after cataract surgery.

## Family Medical Leave of Absence

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.

## 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.

## Methods of Payment

We accept cash, check, money orders, VISA, MasterCard, and Discover.

## Returned Checks

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

## Additional Contacts

Visit [www.medicare.gov](http://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

# Risks and Complications Related to Eye Surgery

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.

**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:

To have access to the patient rights and responsibilities established by this center;

Be treated with respect, consideration and dignity;

The right to effective communication;

The right to be respected for your cultural and personal values, beliefs, and preferences;

To be provided appropriate privacy;

The right to pain management;

The right to access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation;

The right to receive care in a safe setting;

The right to information in a manner tailored to the patient's age, language, and ability to understand;

The center provides interpreting and translation services;

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

To be free from all forms of abuse or harassment;

To be fully informed about a treatment or procedure and the expected outcome before the procedure is performed;

The organization respects the patient's right to receive care in a safe setting;

Appropriate information regarding the absence of malpractice insurance coverage.

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 patients' rights to the extent allowed by state law;

To see posted written notice of the patient rights 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 website for the Center for Medicare & Medicaid Services (CMS).



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 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.

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

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 voice grievances regarding treatment or care that is (or fails to be) furnished.

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 date of the procedure, in a language and manner that the patient or the patient's representative understands regarding. The center gives brochures to each patient being admitted with the center's written policies and the nurse making the preoperative call informs the patient verbally.

### **Patient Rights and Responsibilities;**

The center's policy on Advance Directives: To provide the patient, or as appropriate, the patient's representative in advance of the date of the procedure, with information concerning its policies on advance directives, including a description of applicable state health and safety laws and if requested, official state advance directive information forms. (The ASC must document in a

prominent part of the patient's current medical record, whether or not the individual has executed an advance directive.) Because of the elective nature of ambulatory surgery, this center chooses to not honor advanced directives. Copies of advanced directive information is available at the center.

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

**Disclosure of Ownership:** To receive written information about their physician's possible ownership in the ASC. Patients are informed about physician ownership at least 24 hours prior to being admitted to the center.

### **The Patient Has the Right to Information Concerning:**

Patient rights, conduct and responsibilities;

Services available at the organization;

Provisions for after hour 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;

### **Patient Responsibilities**

Prior to receiving care, patients are informed of their responsibilities. These responsibilities require the patient to:

Provide 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;

Follow the treatment plan prescribed by his/her provider;

Provide 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;

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

Accept personal financial responsibility for any charges not covered by his/her insurance;

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

## **Advanced Directives Policy**

Because of the elective nature of your procedure- It is our policy regardless of the contents of any advance directive or instructions from a health care surrogate or attorney, that if an adverse event occurs during treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. All procedures at this facility fall within this policy. The receiving hospital will implement further treatment or withdrawal of treatment measures already begun in accordance with your wishes, advance directive or power of attorney. If you have an advance directive

forms that you want placed in your medical record, please bring a copy along at the time of your appointment. If you do not have an advance directive and would like more information on this, please feel free to call us and we can send you this information or you may ask for forms at time of check in. If you are not comfortable with this policy, we would be happy to assist you in locating a facility that will honor your advance directive. If you need more information or have questions, please feel free to contact us at 715-298-5500 or contact Wisconsin Division of Health at 1-800-642-6552.

## Grievance Policy

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

**Grievance/Complaint:** Grievances are defined as care that the ASC provided or allegedly failed to provide.

**Neglect** – Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness (42 CFR 488.301).

**Abuse** – The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish (42 CFR 488.301).

All complaints received by the center personnel shall be forwarded to the Administrator or his/her designee immediately, at least the same day. The Administrator will respond in writing to the grievance within 3 days of receiving it.

For a full copy of the grievance procedure, please ask any center personnel.

To report grievance:

EC Laser and Surgery Institute of WI  
800 N. First Street, Suite #100  
Wausau, WI 54403 ECLSI  
Clinical Director: Alissa Broughton, RN  
brougha@eyeclinicwi.com  
(715) 261-8544

Wisconsin Division of Quality Assurance  
P.O. Box 2969  
Madison, WI 53701-2060  
Phone: 608-266-8481  
Fax: 608-267-0352  
www.dhs.wisconsin.gov

Center for Medicare & Medicaid Services (CMS) Central Office  
Division of Laboratory Services (CLIA)  
7500 Security Boulevard, Mail Stop S2-12-25  
Baltimore, MD 21244-1850  
1-877-267-2323, ext. 63531  
<https://www.cms.gov/medicare/appeals-grievances/managed-care/grievances>



## LASER AND SURGERY INSTITUTE OF WI, LLC

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