



## PREPARING FOR YOUR CATARACT SURGERY BEFORE / DURING /AFTER

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

You have been scheduled for  RIGHT  LEFT eye surgery.

**DATE OF SURGERY:** \_\_\_\_\_

**SURGEON:** \_\_\_\_\_ **SURGERY CENTER:** COASTAL SURGICAL CENTER  
**OR:** \_\_\_\_\_

**ARRIVAL TIME:** You will be contacted by the surgery center the day before your procedure with your expected arrival time. **If you have not heard from the surgery center by the afternoon prior to your procedure, please contact them directly at 603-314-8035 to get your time.**

**AFTER SURGERY APPOINTMENTS:** These dates will be scheduled when surgery is confirmed.

Your **1st post-op appointment** is in the  Portsmouth  Somersworth  Exeter  Kittery office  
on \_\_\_\_\_ at \_\_\_\_\_ with Dr. \_\_\_\_\_.

Your **next post-op appointment** is in the  Portsmouth  Somersworth  Exeter  Kittery office  
on \_\_\_\_\_ at \_\_\_\_\_ with Dr. \_\_\_\_\_.

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## PRIOR TO CATARACT SURGERY

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**PRE-SURGICAL EYE DROPS** – After cataract surgery, patients are often instructed to instill multiple prescription drops to prevent infection, inflammation, and pain, and each drop is on a different schedule. This can be confusing, and can lead to non-compliance. We have compounded your multiple eyedrops into one prescription called Imprimis and it contains all the prescriptions you need!

**NOTE: All prescriptions or Imprimis eyedrops will need to be picked up PRIOR to surgery.** The specially compounded IMPRIMIS eyedrop can be purchased at the front desk at any Eyesight location during normal business hours.

**START THE IMPRIMIS DROPS ON:** \_\_\_\_\_ in \_\_\_\_\_ eye only.

- **Beginning 1 hour BEFORE YOU LEAVE HOME**, (regardless of how long it takes you to get to the surgery center) use the IMPRIMIS every 15 minutes for a total of 4 times. i.e, if you are leaving home at 9:00am, you would use the IMPRIMIS eyedrops at 8:00, 8:15, 8:30 and 8:45.  
**Note: Shake eye drop bottle well prior to use.** Note that it is only necessary to use **1 drop at a time** from the bottle *regardless of what the package insert says*.
- Bring your eye drops and Surgery Drop Schedule to all follow-up appointments.
- **Please follow the eye drop chart you were given at the time of booking.**

**If you are using prescribed eyedrops (NOT IMPRIMIS), please follow the eyedrop instructions supplied to you by your surgical coordinator.**

If prescribed, **START XIIDRA, RESTASIS or CEQUA** on: \_\_\_\_\_ in the \_\_\_\_\_ eye only.

- Use **1 drop, 2 times per day** (morning and evening). **Note:** One vial should be used for a maximum of 2 days, regardless of the instructions from the pharmacy. Stop the Xiidra or Restasis once you start the pre-surgical drops

### **SURGERY PREPARATION**

- **You must have responsible adult designated to accompany you to and from surgery.** You will be required to identify this person prior to surgery.
- **On the night before surgery, or the morning of, take a bath or shower and wash your hair thoroughly.** In the morning, wash your face with soap and water and remove all mascara or eyeliner.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE SURGERY!**
- **Take your usual morning medications with a sip of water.** If you take **INSULIN or DIABETIC medication, ask your primary care doctor** for instructions on taking this the evening before surgery OR the morning of surgery. As always, bring your insulin with you to surgery.
- **Bring sunglasses, glasses, your surgery bag, and eye drops with you to surgery.**

**Wear loose-fitting clothing, slip on shoes (no boots), and a BUTTON-DOWN SHIRT to your surgery.** Do not wear makeup, jewelry, nail polish, hairspray, perfume/cologne, or lotions. Deodorant is fine.

- **There are no medication restrictions for cataract surgery.** You may continue taking aspirin products, Coumadin, Plavix, etc., unless otherwise directed by your surgeon.

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## DURING CATARACT SURGERY

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You must have a responsible adult designated to accompany you to and from surgery. You will be at the surgery center for 1-2 hours.

After check in, you will then be brought to the “short stay” area of the operating room. Many people, (doctors and nurses alike) will speak with you and several consent forms must be signed.

An intravenous line will be placed in your arm and several eye drops will be placed in your eye(s). You will then be brought to the operating room and you will be given oxygen and given medication through an intravenous line to relax you.

You will be partially sedated during the procedure. The eye and skin around the eye will be cleaned and a drape will be placed over your body exposing only the operated eye. The actual procedure is usually brief – roughly 20 minutes. After surgery, the operated eye will be covered with an eye shield or a pair of sunglasses. Recovery is fairly quick and, once cleared by the medical team, you will be ready to go home and rest.

You will have an appointment shortly after surgery and then a few weeks to a month later. You will need to pick up your prescriptions at your pharmacy or IMPRIMIS at our office prior to surgery. You will take these drops in the operated eye for at least 4 weeks.

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## AFTER CATARACT SURGERY

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1. We prefer that you refrain from most activities for the rest of the day, and that someone stays with you until the day after surgery. Your eye may be slightly sore, itchy, scratchy, or feel like it is very teary.
2. Your vision may be blurry the day of surgery, and it may take several days for your vision to clear. If your eye is patched, we prefer that you keep the eye patch on, unless otherwise directed.
3. If you are having both eyes done within a short period of time, you may notice one eye healing more quickly and seeing better at a faster rate. This is not unusual. You may also need glasses to improve your vision for distance as well as up-close.
4. Eye protection is recommended outdoors (sunglasses or glasses) and a shield at bedtime for **1 week**. Use your own discretion when indoors. Your surgeon assures you that no harm will come to your eyes if you choose to wear your “old” glasses.
  - a. Daytime – regular glasses or sunglasses
  - b. Bedtime/Naps – Eye Shield
5. No restrictions on bathing, showering, shampooing hair, having a permanent, or drying your hair, BUT **NO swimming** underwater for 3 weeks. **No eye makeup** for one week.
6. **YOU MAY** travel in an airplane, read, and watch T.V.
7. **YOU MAY** bend over to put on shoes, socks, or pick up things (NOT OVER 35lbs.)
8. **YOU MAY** sleep in any position.

9. Occasionally, your vision may be good enough to drive as soon as the day after surgery. Ask your surgeon if you are not sure. Please be aware that your eye will likely stay dilated for 1 to 2 days after surgery.
10. Please refrain from any vigorous physical activity that might increase your chances of falling and hitting your “operated” eye (such as skiing, skating, tennis, etc.) for **1 WEEK**. It is okay for you to take a walk or play golf as long as you are wearing eye protection. If you are unsure, please ask.
11. It is not unusual to experience watering, a foreign body or a scratchy sensation for the first few weeks after surgery as the eye heals. It will improve with time. While it is okay to use lubricant eye drops, i.e. “artificial tears”, please **do not begin using them until at least 1 week after surgery.**
12. **PLEASE CALL THE OFFICE AS SOON AS POSSIBLE** if you experience sudden intense pain or a dramatic change of vision in the “operated” eye.

### **MEDICATIONS**

1. Most patients will be prescribed a special combination drop called Imprimis. This drop contains a combination of 3 eyedrops - Prednisolone Acetate, Moxifloxacin and Nepafenac. **You can pick up your eyedrops at any Eyesight office during normal business hours.**
  - **Note:** if you are allergic to any of the medication in Imprimis, our office will call a different set of prescriptions into your pharmacy.
2. **After surgery, you will use 1 drop of your Imprimis eye in the operated eye 4 times per day (8am, 12pm, 4pm, 8pm)** for 14 days, then 2 times per day (once in the morning and once at night). Use this drop for a **minimum of 4 WEEKS** after surgery. Your surgeon will inform you of whether you are on a 4 or 6 week schedule.
3. Bring your eye drops and Surgery Drop Schedule to all follow-up appointments.
4. If you do not have enough drops to last at least 4 weeks, **stop into any Eyesight office location** to purchase more. If you have a pharmacy prescription, a refill is already available.
5. For those patients who are on **Restasis or Xiidra or Cequa:** Please resume these drops AFTER surgical drops are gone.
  - **2 times per day** until gone in the operated eye(s).
  - One vial should be used for a maximum of 1 or 2 days regardless of other instructions you receive from the pharmacy.

# Imprimis Surgery Drop Schedule

*Prednisolone-Moxifloxacin-Nepafenac*

In RIGHT LEFT Eye:

Beginning **1 HOUR BEFORE LEAVING HOME FOR THE SURGERY CENTER** on \_\_\_\_\_

1 hour prior <input type="checkbox"/>	45 minutes prior <input type="checkbox"/>	30 minutes prior <input type="checkbox"/>	15 minutes prior <input type="checkbox"/>	12PM 4PM 8PM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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*Eyedrops following surgery:*

Week 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Week 2	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 times a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Week 3	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>

Week 4	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>

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Complete drops up to *at least* the above dotted line. Continue drops below until bottle is empty.

Until the bottle is empty	Day 29	Day 30	Day 31	Day 32	Day 33	Day 34	Day 35
	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>

Day 36	Day 37	Day 38	Day 39	Day 40	Day 41	Day 42
2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>	2 times a day <input type="checkbox"/> <input type="checkbox"/>

**Please bring your drops and this schedule to the surgery center and to all follow-up appointments.**



Your procedure is scheduled for Coastal Surgical Center. If your procedure location is changed, our office will notify you.

## DIRECTIONS

### COASTAL SURGICAL CENTER

291 Shattuck Way, Newington, NH 03801

Phone: 603-314-8035



**Traveling North:** Take I-95 to Exit 4 on the left for US-4/NH-16 toward White Mountains. Keep left, follow signs for Newington/Dover/US-4/NH-16/ White Mountains. Take Exit 4 for Shattuck Way toward Newington Village. Turn right onto Shattuck Way. The surgical center is located 0.3 miles down the road on the right side with ample parking.

**Traveling South:** Take Spaulding Turnpike/NH-16. Take Exit 4 for US-4/NH-16 N toward Newington Village/Historic Sites/Dover/Concord. Continue 0.2 miles onto Nimble Hill Road and pass under Route 16. Turn right on Shattuck Way. The surgical center is located 1.5 miles down the road on the left side with ample parking.

**Traveling West:** Take I-495 North. Exit 4 on the left for US-4/NH-16 toward White Mountains. Keep left, follow signs for Newington/Dover/US-4/NH-16/ White Mountains. Take Exit 4 for Shattuck Way toward Newington Village. Turn right onto Shattuck Way. The surgical center is located 0.3 miles down the road on the right side with ample parking.

**\*You must have responsible adult designated to accompany you to and from surgery. You will be required to identify this person prior to surgery.** Do not plan to use taxis, Uber, or other public transportation for your procedures unless you also have a friend or family member with you.

**COASTAL**  
SURGICAL CENTER

## **CONTACT INFORMATION**

Please contact your Eyesight surgical coordinator if you have any questions by dialing **603-501-7868** and entering their extension prompt.

### **PORTSMOUTH COORDINATORS:**

Sandy x230

Leah x240

### **SOMERSWORTH COORDINATORS:**

Cassie x263

Kimberly x541

### **EXETER COORDINATORS:**

Deb x317

### **KITTERY COORDINATORS:**

Rebecca x540

### **SURGERY CENTER CONTACTS:**

**Coastal Surgical Center** - 291 Shattuck Way, Newington NH  
603-314-8035 (before 4:30pm)

**Portsmouth Ambulatory Surgery Center** - 333 Borthwick Avenue, Portsmouth NH  
603-433-0941 (before 5:30pm)

**Frisbie Memorial Hospital** - 11 Whitehall Road, Rochester NH  
603-330-8936 (after 5pm 603-332-5211)

**Wentworth Douglass Hospital** – 789 Central Avenue, Dover NH  
603-740-2281 (after 6pm 603-740-2433)

#### **Exeter Hospital**

5 Alumni Drive, Exeter NH 603-580-7568 (before 4:30pm)  
603-580-7568 (before 4:30pm)



# Financial information regarding cataract procedures

**Note: Eyesight Ophthalmic and the Surgical Centers bill insurance separately and collect fees separately.**

**Any fees due will be collected by Eyesight AND the Surgery Center PRIOR to surgery.**

**Please contact your insurance plan prior to surgery to ensure coverage.**

This is always the BEST way to ensure you will not have unexpected charges after your procedure!  
Your insurance plan will ask the following:

**What is the CPT code for your procedure?**

66984 – Cataract Surgery or 66982 for Complex Cataract Surgery

If you are a Glaucoma patient and having an iStent or Hydrus:  
66991 for Standard or 66989 for Complex

**What is the NPI number of the practice?**

Eyesight Ophthalmic Services (for physician fees such as follow up care, evaluations, etc.)  
NPI: 1073736310

Coastal Surgical Center (for surgery, anesthesia, lenses, etc.)  
NPI: 1336713890

They will likely provide you with a reference number. Please write that number down:

**Reference / Prior Authorization Number** \_\_\_\_\_



## SURGICAL FEE SCHEDULE (per eye)



### BASIC CATARACT PACKAGE

This package is the best option for the individual who does not mind wearing glasses after cataract surgery. Most of the costs of Basic Cataract Surgery are covered by Medicare and other insurance companies. However, in addition to any deductibles, copayments and coinsurances required by the insurance company, the patient may have financial responsibility for additional testing recommended by their surgeon to achieve the best results after Basic Cataract Surgery.

	STANDARD	POST-LASIK	SELF PAY
<b>EYESIGHT FEES</b>			
PHYSICIAN FEE	Insurance fees	Insurance fees	\$ 2,235.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
<b>TOTAL COLLECTED FROM EYESIGHT</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,735.00</b>
<b>COASTAL SURGICAL CENTER FEES</b>			
FACILITY FEE	Insurance fees	Insurance fees	\$ 1,400.00
LENS FEE	Insurance fees	Insurance fees	\$ 65.00
ANESTHESIA FEE	Insurance fees	Insurance fees	\$ 300.00
<b>TOTAL COLLECTED FROM COASTAL SURGICAL CENTER</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,765.00</b>
<b>TOTAL FEES FOR BASIC CATARACT</b>	Insurance fees -	Insurance fees -	<b>\$ 4,500.00</b>

**Includes:** Pre and Intraoperative Planning and 3 months postoperative care.

**Patient Responsibility:** Insurance deductible, copay & Coinsurance.

### OPTIWAVE ANALYSIS ENHANCED VISION CORRECTION

This package is ideal for patients who have particularly dense cataracts or who would like to lessen the need for glasses after cataract surgery. This option offers increased outcome reliability through use of Optiwave Analysis Technology, which provides the best chance for increased distance and/or near vision. Medicare and other insurance companies pay most of the costs associated with removal of the cataract and placement of a standard lens. However, **in addition to any deductibles, copayments and coinsurances** the patient is responsible for paying the extra costs to Eyesight associated with the Optiwave Analysis Enhanced package in the amounts below.

	STANDARD	POST-LASIK	SELF PAY
<b>EYESIGHT FEES</b>			
PHYSICIAN FEE	\$ 900.00	\$ 900.00	\$ 3,135.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
<b>TOTAL COLLECTED FROM EYESIGHT</b>	<b>\$ 900.00</b>	<b>\$ 900.00</b>	<b>\$ 3,635.00</b>
<b>COASTAL SURGICAL CENTER FEES</b>			
FACILITY FEE	Insurance fees	Insurance fees	\$ 1,400.00
LENS FEE	Insurance fees	Insurance fees	\$ 65.00
ANESTHESIA FEE	Insurance fees	Insurance fees	\$ 300.00
<b>TOTAL COLLECTED FROM COASTAL SURGICAL CENTER</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,765.00</b>
<b>TOTAL FEES FOR OPTIWAVE ENHANCED by Eyesight &amp; Coastal</b>	<b>\$ 900.00</b> + Insurance fees	<b>\$ 900.00</b> + Insurance fees	<b>\$ 2,265.00</b>

**Includes:** Advance Pre and Intraoperative planning, additional topographical measurements and analysis, utilization of the Optiwave Analysis Technology, & 3 months of postoperative care.

**Patient Responsibility:** Insurance deductible, copay & Coinsurance

## TORIC ASTIGMATISM REDUCTION PACKAGE

This package is designed for individuals with mild to moderate astigmatism. This surgery reduces astigmatism to enhance distance vision, improve night vision, and lessen the need for distance glasses. Patients will need glasses for near and intermediate tasks. Medicare and other insurance companies pay most of the costs associated with removal of the cataract and placement of a standard lens. However, insurances will not include or cover the extra costs associated with the treatment and additional specialized testing involved in the Astigmatism Reducing Package to either Eyesight or the Surgery Center.

	STANDARD	POST-LASIK	SELF PAY
<b>EYESIGHT FEES</b>			
PHYSICIAN FEE	\$ 1,800.00	\$ 2,100.00	\$ 3,650.00
EXAM FEE (collected during the 1 <sup>st</sup> pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
<b>TOTAL COLLECTED FROM EYESIGHT</b>	<b>\$ 1,800.00</b>	<b>\$ 2,100.00</b>	<b>\$ 4,150.00</b>
<b>COASTAL SURGICAL CENTER FEES</b>			
FACILITY FEE	Insurance fees	Insurance fees	\$ 1,400.00
LENS FEE	\$ 450.00	\$ 450.00	\$ 450.00
ANESTHESIA FEE	Insurance fees	Insurance fees	\$ 300.00
<b>TOTAL COLLECTED FROM COASTAL SURGICAL CENTER</b>	<b>\$ 450.00</b>	<b>\$ 450.00</b>	<b>\$ 2,150.00</b>
<b>TOTAL FEES FOR ASTIGMATISM REDUCTION by Eyesight &amp; Coastal</b>	<b>\$ 2,250.00</b> <b>+ Insurance fees</b>	<b>\$ 2,550.00</b> <b>+ Insurance fees</b>	<b>\$ 6,300.00</b>

**Includes:** Advance Pre and Intraoperative planning, additional topographical measurements and analysis, utilization of the Optiwave Analysis Technology, & 3 months of postoperative care.

**Patient Responsibility:** Insurance deductible, copay & Coinsurance

## PRESBYOPIA REDUCTION PACKAGE

This package is the best option for individuals who want to reduce their dependency on glasses with today's most advanced lens technology. This package typically provides the largest range of good uncorrected vision. Patients typically see well in the distance, midrange and some near without glasses. There may be the need for some low powered reading glasses. Medicare and other insurance companies pay most of the costs associated with removal of the cataract and placement of a standard lens. However, insurances will not include or cover the extra costs associated with the treatment and additional specialized testing involved in the Presbyopia Reducing package to Eyesight or the upgraded lens implant needed for surgery due to Coastal Surgery Center.

	STANDARD	POST-LASIK	SELF PAY
<b>EYESIGHT FEES</b>			
PHYSICIAN FEE	\$ 2,300.00	\$ 2,600.00	\$ 3,900.00
EXAM FEE (collected during the 1 <sup>st</sup> pre-operative exam)	Insurance fees	Insurance fees	\$ 500.00
<b>TOTAL COLLECTED FROM EYESIGHT</b>	<b>\$ 2,300.00</b>	<b>\$ 2,600.00</b>	<b>\$ 4,400.00</b>
<b>COASTAL SURGICAL CENTER FEES</b>			
FACILITY FEE	Insurance fees	Insurance fees	\$ 1,400.00
LENS FEE	\$ 950.00	\$ 950.00	\$ 950.00
ANESTHESIA FEE	Insurance fees	Insurance fees	\$ 300.00
<b>TOTAL COLLECTED FROM COASTAL SURGICAL CENTER</b>	<b>\$ 950.00</b>	<b>\$ 950.00</b>	<b>\$ 2,650.00</b>
<b>TOTAL FEES FOR PRESBYOPIA REDUCTION by Eyesight &amp; Coastal</b>	<b>\$ 3,250.00</b> <b>+ Insurance fees</b>	<b>\$ 3,550.00</b> <b>+ Insurance fees</b>	<b>\$ 7,050.00</b>

**Includes:** Advance Pre and Intraoperative planning, additional topographical measurements and analysis, utilization of the Optiwave Analysis Technology, & 3 months of postoperative care.

**Patient Responsibility:** Insurance deductible, copay & Coinsurance

### PAYMENT IS DUE A MINIMUM OF 1 WEEK PRIOR TO SURGERY.

**Payment Options:** Interest-free financing available for up to 24 months and extended payment plans are available through [www.CareCredit.com](http://www.CareCredit.com). We also accept MasterCard, Visa, Discover, American Express, Cash or Check.





Patient: \_\_\_\_\_

**AUTHORIZATION TO PERFORM NON-COVERED SERVICES**

**Cataract Surgery & upgrade to a Presbyopia Reducing Package or Astigmatism Reducing Package or use of OptiWave Analysis**

1. I have requested that my physician at Eyesight Ophthalmic Services perform my cataract surgery at Coastal Surgical Center and upgrade to a high technology Presbyopia Reducing package, Astigmatism Reducing package or use of OptiWave Analysis wavefront aberrometer with a basic package.
2. These upgrades **are not covered benefits by my insurance company**, and will not be paid for by my insurance company.
3. My insurance will only be billed for basic surgery procedures, which do not include the extra costs for the lens implants or the extra professional fees associated with the planning and execution of the surgery. The surgery center will bill your insurance for the basic cataract items and you will be responsible for the extra costs associated with the upgraded lens implant itself. The fee for the professional component of the upgraded surgery due to Eyesight is: (please circle):

	Toric Astigmatism Reducing	Presbyopia Reducing	Optiwave Enhanced Vision
Standard	\$1,800.00	\$2,300.00	\$ 900.00
Post Refractive Surgery	\$2,100.00	\$2,600.00	\$ 900.00
Self-Pay/Cosmetic	\$3,650.00	\$3,900.00	\$3,135.00

Payable to Eyesight Ophthalmic Services **one week prior** to the surgical procedure. Amount may be paid in the form of cash, credit card or check. Separate payments for each eye would be appreciated. Financing options are available with Care Credit.

My signature below indicates that I agree to accept responsibility for payment for the upgrade, and will not seek payment from my insurance company.

I understand that my permission is voluntary, that I may withdraw consent at any time, without prejudice to my present or future care at Eyesight Ophthalmic Services.

*In addition, I understand that no surgical procedure can be guaranteed, and that during surgery unforeseeable circumstances may arise. Should medical opinion dictate that the Advanced lens should not be implanted, I will be billed for basic cataract surgery.*

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

Surgery Date \_\_\_\_\_ OD (right eye)

Lens:    Monofocal Toric            Panoptix-Panoptix Toric            Vivity-Vivity Toric            OptiWave Analysis

Surgery Date \_\_\_\_\_ OS (left eye)

Lens:    Monofocal Toric            Panoptix-Panoptix Toric            Vivity-Vivity Toric            OptiWave Analysis





# Cataract Surgery with Advanced Presbyopia reducing Intraocular Lens and Monofocal Toric Intraocular Lens

## Health Plan Denials and Personal Obligation / Cash Pay

Your carrier will only pay the surgery center if the services you receive are covered under the terms and conditions of your Health Plan. Your benefits may be denied or reduced by your plan if the plan believes:

• the services are not medically necessary;	• the services are not ordered/performed by a participating physician;
• the procedure or test is a non-covered service	• the services are not provided in a participating facility;
• health plan pre-authorization requirements were not met:	• the insurance plan does not provide benefits for the patient.

Health Plans review surgical services to determine if the services are covered under policy benefits. The term "Medically Necessary," for most plans usually means services which are:

- appropriate and necessary for the symptoms, diagnosis or treatment of a medical condition
- within recognized standards of medical practice
- not primarily for the convenience of the member, the member's family and/or the physician
- the least costly of alternative supplies or levels of service, which can be safely and effectively provided the patient

At this time, the specialty lens that will be used for your surgery is not a covered service by your healthcare plan. Payment for the lens must be received at least 1 week prior to the date of your surgery for the following amounts: **Please initial below your choice:**

	BASIC		
	STANDARD	POST-LASIK	SELF PAY
<b>FACILITY FEE</b>	Insurance fees	Insurance fees	\$1,400.00
<b>LENS FEE</b>	Insurance fees	Insurance fees	\$65.00
<b>ANESTHESIA FEE</b>	Insurance fees	Insurance fees	\$300.00
<b>TOTAL</b>	<b>Insurance fees</b>	<b>Insurance fees</b>	<b>\$1,765.00</b>

	ASTIGMATISM / TORIC		
	STANDARD	POST-LASIK	SELF PAY
<b>FACILITY FEE</b>	Insurance fees	Insurance fees	\$1,400.00
<b>LENS FEE</b>	\$450.00	\$450.00	\$450.00
<b>ANESTHESIA FEE</b>	Insurance fees	Insurance fees	\$300.00
<b>TOTAL</b>	<b>\$450.00 + Insurance fees</b>	<b>\$450.00 + Insurance fees</b>	<b>\$2,150.00</b>

	OPTIWAVE ENHANCED		
	STANDARD	POST-LASIK	SELF PAY
<b>FACILITY FEE</b>	Insurance fees	Insurance fees	\$1,400.00
<b>LENS FEE</b>	Insurance fees	Insurance fees	\$65.00
<b>ANESTHESIA FEE</b>	Insurance fees	Insurance fees	\$300.00
<b>TOTAL</b>	<b>Insurance fees</b>	<b>Insurance fees</b>	<b>\$1,765.00</b>

	PRESBYOPIA REDUCTION PACKAGE		
	STANDARD	POST-LASIK	SELF PAY
<b>FACILITY FEE</b>	Insurance fees	Insurance fees	\$1,400.00
<b>LENS FEE</b>	\$950.00	\$950.00	\$950.00
<b>ANESTHESIA FEE</b>	Insurance fees	Insurance fees	\$300.00
<b>TOTAL</b>	<b>\$950.00 + Insurance fees</b>	<b>\$950.00 + Insurance fees</b>	<b>\$2,650.00</b>

**Your financial agreement with the surgery center is to pay for all services you receive, even those denied by your Health Plan. This agreement is a promise to pay for all services, to the extent not paid by some other party on your behalf.**

The undersigned certifies that he/she has read the above, accepts financial responsibility for amounts listed above, and is the patient, the patient's agent, insured or guarantor.

\_\_\_\_\_  
Patient, Insured or Guarantor

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**PAYMENT IS DUE A MINIMUM OF 1 WEEK PRIOR TO SURGERY –  
COASTAL SURGICAL WILL CONTACT YOU DIRECTLY TO COLLECT PAYMENT**

**PAYMENT OPTIONS:** Interest-free financing available for up to 24 months and extended payment plans are available through [www.CareCredit.com](http://www.CareCredit.com). We also accept MasterCard, Visa, Discover, American Express, Cash or Check to COASTAL SURGICAL CENTER.

Your family of Eyesight staff is here to assist you with every aspect of caring for your eyes.



Lucian Szmyd Jr., MD



Warren Goldblatt, MD



N. Timothy Peters, MD



Marsha Kavanagh, MD



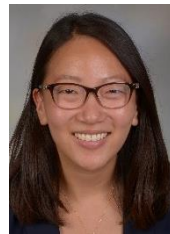
Timothy Sullivan, MD



Claudia Bartolini, MD



Kinley Beck, MD



Jennifer Ling, MD



Andre Witkin, MD



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## **Informed Consent for Cataract Surgery**

This information is given to you to help you make an informed decision about having cataract and/or lens implant surgery. **You will live with the vision resulting from your decisions for the rest of your life, so please read the following explanations carefully.** Once you have read this Informed Consent, you are encouraged to ask any questions you may still have about the procedure. This document will help you understand the risks of cataract surgery. It will also help you decide the type of replacement lens you want.

### **WHAT IS A CATARACT?**

The natural lens in the eye can become cloudy and hard, a condition known as a cataract. Cataracts can develop from normal aging, from an eye injury, or if you have taken medications known as steroids. As a cataract develops, it blocks and scatters light, reducing the quality of vision. Cataracts may cause blurred vision, dulled vision, sensitivity to light and glare, and/or ghost images. If the cataract changes vision so much that it interferes with your daily life, the cataract may need to be removed. Surgery is the only way to remove a cataract. You can decide not to have the cataract removed. If you don't have the surgery, your vision loss from the cataract will continue to get worse.

### **HOW WILL REMOVING THE CATARACT AFFECT MY VISION?**

The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration. During the surgery, the ophthalmologist (eye surgeon) removes the cataract and typically puts in a new artificial lens called an Intra-Ocular Lens (IOL).

### **UNDERSTANDING THE MAJOR RISKS OF CATARACT SURGERY**

1. **RISKS OF THE SURGERY:** All operations involve risk and may have unsuccessful results, complications, or injury. Problems with cataract surgery are very rare. There are complications in **FEWER THAN 1** out of 1,000 of cataract surgeries. Complications may occur weeks, months or even years after surgery.

Problems, while extremely rare, include, but are not limited to, discomfort or pain, droopy eyelids, bleeding; infection; clouding of the outer part of the eye (called the cornea); swelling of the inside layer of the eye (called the retina); detachment of the retina from the eye; increased eye pressure which is also called "glaucoma"; damage to the tissue that supports the lens placed into the eye; and retained pieces of cataract that remain in the eye after surgery. If complications occur, the doctor may decide not to implant the lens in your eye and additional surgeries may be needed. These problems may lead to worse vision, total loss of vision, or even loss of the eye in rare situations.

Depending on the type of anesthesia, other risks are possible, just like any other surgery, including heart and breathing problems, and, in extremely rare cases, death.

Additional surgery may be necessary, even when there are no complications with cataract surgery. You may need a laser surgery to correct clouding of the capsule directly behind the lens (also called a YAG).

At some future time, the lens in your eye may move as a result of the natural aging of the eye, and, although rare, may need to be repositioned with an additional surgery.

2. **ISSUES ASSOCIATED WITH THE IMPLANT:** Prior to cataract surgery, your eye must be measured to determine the strength of the lens that you require. While this test is very accurate for the majority of patients, some inaccuracy may occur. This problem occurs in only a small percentage of patients, but it would cause the prescription of the eye after cataract surgery to be different than what was expected. Wearing eyeglasses or contact lenses usually solves this. In extremely rare situations, the lens may need to be replaced to correct the strength of the lens.

After cataract surgery it is not uncommon for vision to have some dark shadowing or an "arc" of light in the outer part of the vision. This is called a "dysphotopsia". It is usually temporary, and usually resolves on its own. Depending on the type of lens implanted, you may have higher rates of night glare or halos, double vision, impaired depth perception, blurry vision, or trouble driving at night.

3. Cataract surgery is performed one eye at a time. During the time between surgeries, there can be an imbalance between the eyes that can make glasses not work well. This imbalance can cause eye strain and tired eyes. Surgery in the second eye can fix this.

4. There are other eye problems that can affect vision after surgery, like glaucoma, diabetes in the eye, macular degeneration, or your individual healing after surgery. The results of surgery cannot be guaranteed. There is no guarantee of "20/20 vision."

## **UNDERSTANDING HOW VISION CORRECTION OF THE EYE WORKS**

The human eye is a complex system, and understanding the following terms may help guide you in your cataract decision. Once you have decided that your vision is bad enough to require surgery, you will have to decide on what style of lens implant you want at the time of surgery. The style of the implant you choose will determine how you will see "*forever*" after surgery and what you may or may not need for corrective lenses after surgery.

**MYOPIA (NEAR SIGHTED)** is a condition in which people need glasses to see in the distance. Depending on your age and how much myopia you have, you can typically see well up close without your glasses, but you can't see in the distance until you put your glasses on.

**HYPEROPIA (FAR SIGHTED)** is a condition in which people need glasses to read and to see in the distance. Typically, these people wear bifocals, trifocals or progressive glasses full time.

**PRESBYOPIA AND ALTERNATIVES FOR NEAR VISION AFTER SURGERY** - Presbyopia is a condition caused by the aging eye losing its ability to shift from distance to near vision. Presbyopia is the reason that reading glasses become necessary, typically after age 40, even for people who have excellent distance and near vision without glasses. Presbyopic individuals require bifocals or separate reading glasses in order to see clearly at close range. There are options available to you to achieve distance vision, near vision, or both after cataract surgery. If you choose to not have an implant that corrects for presbyopia, you will need glasses for near vision, distance vision or both.

**ASTIGMATISM** - Patients with nearsightedness and farsightedness often also have astigmatism. An astigmatism is caused by an irregularly-shaped cornea; instead of being round like a basketball, the cornea is shaped like a football. This shape can make your vision blurry without correction. This extra correction can be accomplished with glasses or with lens implants during cataract surgery.

### **LENS IMPLANT OPTIONS AND VISION AFTER CATARACT SURGERY**

When selecting your lens implant style for cataract surgery, you will have 4 choices. Consider the following options and decide which best describes what you would like your vision to be after cataract surgery:

**CHOICE #1 - I want to wear glasses full time.**

Best lens option = Standard lens implant.

**CHOICE #2 - I want to see clearly in the distance without glasses and I will wear glasses FOR ALL NEAR AND INTERMEDIATE vision tasks.**

Best lens option = A standard lens implant with an Optiwave for non-astigmatism correction.  
or = A toric lens implant depending on the amount of astigmatism you have.

**CHOICE #3 - I want to see clearly for near vision tasks without glasses and I will wear glasses FOR ALL DISTANCE AND INTERMEDIATE vision tasks.**

Best lens option = A standard lens implant for non-astigmatism correction.  
or = A toric lens implant depending on the amount of astigmatism you have.

**CHOICE #4 - I want to see clearly in the distance AND near with a reduced need for glasses.**

Best lens option = A multifocal lens implant.  
or = An Extended Depth of Focus implant  
or = Optional monovision for those who are currently successful wearing monovision correction.

**TREATING ASTIGMATISM** - Toric lens implants can be used for correcting high degrees of astigmatism. In addition to toric lens implants, astigmatism can be reduced by glasses, contact lenses, and refractive surgery (LASIK OR PRK).

**If you have an astigmatism and choose a standard lens implant, which is not designed to treat astigmatism, you will need to wear glasses for all distance, intermediate and near tasks.**

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## PATIENT CONSENT

**Please copy the following sentences, as they appear, prior to the consultation.**

"I understand there are risks of surgery including vision loss."

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"I understand I may need more than one surgery per eye."

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"I understand I may not have 20/20 vision after surgery."

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\_\_\_\_\_  
Patient's Name (Printed)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

# Lens Choice and Informed Consent for Cataract Surgery



**- THIS PORTION SHOULD BE COMPLETED WITH YOUR SURGEON -  
PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT**

Please indicate which lens selection you and your doctor have agreed on. You only have to complete the section that applies to your agreed upon lens choice:

\_\_\_\_\_  
Initials

**STANDARD LENS FOR DISTANCE VISION** : I wish to have cataract surgery with a STANDARD lens for **DISTANCE** vision on my *(circle one)*  
*Right Eye   Left Eye   Both Eyes*

**-OR -**

\_\_\_\_\_  
Initials

**TORIC LENS FOR DISTANCE VISION**: I wish to have cataract surgery with a TORIC lens for **DISTANCE** vision on my *(circle one)*  
*Right Eye   Left Eye   Both Eyes*

Please copy the following: **"I will need glasses to see things for all near and intermediate tasks."**

---

---

\_\_\_\_\_  
Initials

**STANDARD LENS FOR NEAR VISION**: I wish to have cataract surgery with a STANDARD lens for **NEAR** vision on my *(circle one)*  
*Right Eye   Left Eye   Both Eyes*

\_\_\_\_\_  
Initials

**TORIC LENS FOR NEAR VISION** : I wish to have cataract surgery with a TORIC lens for **NEAR** vision on my *(circle one)*  
*Right Eye   Left Eye   Both Eyes*

Please copy the following: **"I will need glasses to see things for all distance and intermediate tasks."**

---

---

**For either of the STANDARD lens options above:**

\_\_\_\_\_  
Initials

**ASTIGMATISM** : I understand that I have an astigmatism. I understand that if I choose to have a standard lens, which does not correct for this astigmatism, I will likely need to wear glasses or contact lenses after surgery for all tasks. *(circle one)*

Right Eye    Left Eye    Both Eyes

Please copy the following: **"I will need to wear glasses for all tasks after cataract surgery."**

\_\_\_\_\_  
Initials

**MULTIFOCAL or EXTENDED DEPTH OF FOCUS LENS FOR DISTANCE AND NEAR VISION :**

I wish to have a MULTIFOCAL or EXTENDED DEPTH OF FOCUS lens for on my *(circle one)*

Right Eye    Left Eye    Both Eyes

*Although this option will give me the most freedom from spectacles, it is possible that even after successful cataract surgery, glasses will be required for some, or all, visual tasks.*

Please copy the following: **"I may still need to supplement with glasses for reading small print or in dim light."**

**PATIENT'S ACCEPTANCE OF RISKS:**

***The main rationale for cataract surgery is to improve the quality of vision. I understand there are no guarantees and I may still need glasses for all ranges of vision, regardless of my lens choice for surgery.***

Initials \_\_\_\_\_

After meeting with my surgeon: I understand that it is impossible for the doctor to inform me of every possible complication that may occur. In signing below, I acknowledge that I have read the preceding pages, and agree that the doctor has answered all my questions to my satisfaction. I understand the risks, benefits, and alternatives complications of cataract surgery, as explained to me by my ophthalmologist, and I have been offered a copy of the consent.

\_\_\_\_\_  
Patient's Name (Printed)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ophthalmologist

\_\_\_\_\_  
Date