Eyesight
Uncompromising Care

Please bring this book with you to all appointments

PREPARING FOR YOUR Light Adjustable Lens™

Name: _____ DOB: _____

This book is in reference to surgery on your ☐ RIGHT ☐ LEFT eye

DATE OF SURGERY: _____ **Surgeon:** _____

ARRIVAL TIME: **Eyesight does not schedule your surgery time**. You will be contacted by the surgery center the day before your procedure with your expected arrival time. **You will be called 1-2 weeks prior to surgery to go over your medical history and again 1-2 business days prior to surgery with your arrival time.**. If you have not heard from the surgery center by 3:30pm the day before your procedure, please contact them directly at 603-314-8035 to get your time.

Note: The first 2 pages of this book offer a convenient overview of items covered in this book.

SURGERY CENTER / LOCATION OF SURGERY:

☐ **Coastal Surgical Center – 291 Shattuck Way, Newington NH – 603-314-8035**

AFTER SURGERY APPOINTMENTS: **YOU MUST BE SEEN FOR A FOLLOW UP APPOINTMENT AFTER SURGERY. PLEASE PLAN TO SEE US AT EYESIGHT ON THE FOLLOWING DATE/TIME:**

1st post-op appointment is in the ☐ PORTSMOUTH ☐ SOMERSWORTH ☐ EXETER ☐ KITTERY

Eyesight office on_____ at _____with Dr. Select Provider _____.

2nd post-op appointment is in the ☐ PORTSMOUTH ☐ SOMERSWORTH ☐ EXETER ☐ KITTERY

Eyesight office

on_____ at _____with Dr. Select Provider _____.

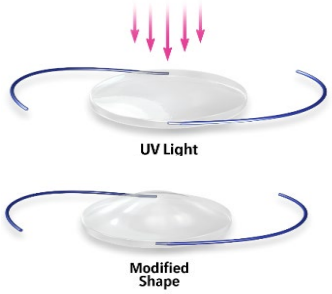
LAL ADJUSTMENTS: You will have 3-5 adjustments beginning 1 month after your surgeries

All appointments will be in our ☐ PORTSMOUTH ☐ SOMERSWORTH OFFICE

1st adjustment on_____ at _____
2nd adjustment on_____ at _____
3rd adjustment on_____ at _____

Although we do recommend seeing the same optometrist throughout the adjustment phase, it may not always be possible

***NOTE:** **All LAL adjustments require dilation. Each appointment is about 90 minutes long.**



The Light Adjustable Lens (LAL) is made from a photosensitive material that allows your eye doctor to adjust its shape and power *after* surgery. It is the only lens on the market with this capability. This post-surgical customization ensures very high accuracy and allows you to trial different degrees of blended vision.

What is blended vision?

The LAL provides each eye with a moderate range of vision. Initially, your surgeon will optimize both eyes for distance vision. This should give you excellent distance and intermediate vision. However, for reading, you will need over-the-counter glasses.

Once adjustments begin, most patients will choose to trial blended vision. This means that the dominant eye will be optimized for distance vision, and the non-dominant eye will be set for your desired degree of near vision. A greater amount of blend will provide greater range of vision when both eyes are working together, and more freedom from glasses. You can customize and test-drive the degree of blend that you like.

How do the adjustments work?

Adjustments begin 1 month after surgery and are performed by our excellent team of optometrists. These occur over 3-5 clinic visits and each visit takes about an hour. Your optometrist will show you different degrees of blended vision, and then your eyes will be dilated for the actual adjustment.

After a numbing drop is applied, a small lens with cool gel will be placed on the surface of your eye. You will need to look straight ahead at a bright light for up to 2 minutes.

If you are unsure about the degree of blended vision you like, your optometrist may have you trial a prescription contact lens (either in clinic or to take home).

Why do I have to wear those funny glasses?

From day of surgery until the final lock-in, you must wear special UV-blocking glasses from RxSight to protect your LAL from unintended UV exposure. This can permanently change the power and shape of your LAL and decrease your visual outcome. Wear them any time you're outdoors, near windows with sunlight, or indoors with a UV-emitting light source. Note: both the tinted and clear sunglasses supply adequate UV protection.

Please continue reading this booklet, and refer to it throughout your LAL journey, for more detailed information.

SURGERY CHECKLIST

SCHEDULING SURGERY

- ☐ **Make sure you know the date(s) for your surgery.**
  - If you are only having one eye treated, you should have 1 copy of this book.
  - If you are having 2 eyes treated, you should have 2 copies of this book.

- ☐ **Make sure you know the date / time location of your follow-up appointments. You will have 3 follow-up appointments already scheduled after EACH surgery date.**
  - 1st post-op appointment – either the same day of surgery or the day after.
    - This appointment will be with your surgeon in one of our Eyesight offices.
  - 2nd post-op appointment – 2-5 weeks following surgery.
    - This appointment will be with a doctor in one of our Eyesight offices.
  - The 1st LAL Adjustment – 4 weeks after all surgery is completed
    - This appointment will be with one of our credentialled LDD optometrists in Portsmouth or Somersworth
    - Due to the Light Delivery Device (LDD) settings, each adjustment will be in the same office as your original 1st adjustment (i.e. All adjustments are in Portsmouth or Somersworth – not both)

- ☐ **Make sure you have turned in all your consent forms. We cannot schedule your surgery until you have signed:**
  - "Informed Consent for Cataract Surgery".
  - "Lens Choice and Informed Consent for Cataract Surgery" (this was the form you signed with your surgeon at your Cataract Evaluation).
  - Additional forms, such as Health Plan Denials and Personal Obligation / Cash Pay (pg. 16), may be required if you do not have insurance or Authorization to Perform Services (pg. 15) for premium packages.

- ☐ **If you have a Health Proxy, Power of Attorney, require a translator, or need additional support for surgery, please make sure we have this information on file.**

- ☐ **If you have a cardiologist or a PCP who needs to approve your surgery,** please make sure we have their contact information and/or written documentation authorizing you to proceed with surgery.

1- 2 WEEKS PRIOR TO SURGERY

- **Make sure you have your medicated eye drops**
  After cataract surgery, patients need to use several different prescription eyedrops to help prevent infection, reduce inflammation, and manage discomfort. These drops are usually taken on different schedules, which can be confusing. To make things easier, we offer a convenient option called Imprimis—a single eye drop that combines all the necessary medications into one. This helps simplify your routine and makes it easier to follow the treatment plan.
  - Imprimis is included at no additional cost. Imprimis is available at the front desk or from a Surgical Coordinator at any Eyesight location. It is not available at the pharmacy.
  - Regardless of whether you are using Imprimis or traditional prescription drops, all eye drops must be picked up before your surgery.
- **If you regularly use other prescription eyedrops**, please consult with your surgeon regarding their use before or after, surgery.

- **You will receive a call from the surgery center 1-2 weeks prior to surgery to discuss your medical history** and when (if appropriate) to discontinue any medications including GLP-1's. **Your caller ID may not indicate that it is the surgery center calling.**

- **You will need to pay for any out-of-pocket payments 1 week prior to surgery.** There are 2 different fees for premium services:
  - Eyesight will collect physician fees
  - Coastal Surgical Center will collect facility and lens fees
  - Additional costs for insurance deductibles or copayments will also be collected..

1 BUSINESS DAYS PRIOR TO SURGERY

- **You will receive a call from the surgical center with your arrival time and to answer medical related questions.** It is important that you plan on receiving this call as your caller ID may not indicate that it is the surgery center calling.

DAY BEFORE SURGERY

- **Do not eat or drink anything after midnight or your surgery will be canceled.**
  - This includes WATER, coffee, toast, cereal, juice, Jello, gum, etc.
  - You may brush your teeth but rinse/spit
- On the night before surgery **take a shower or bath and wash your hair thoroughly**

DAY OF SURGERY

- **Start your eye drops** (either Imprimis or the 3 separate drops) 1 hour prior to leaving the house
  - If using Imprimis, **see page 7**
  - If using the 3 separate drops, **see page 8**
  - **If you use Xiidra, Restasis or Cequa**, use 1 drop the morning of surgery, and then resume 1 week AFTER SURGERY.
- Medications may be taken with a **sip** of water
- **Bring your surgery bag, eye drops, and, if necessary, your prescription glasses with you**
- **Wear loose-fitting clothing** (button-down shirt is best) and slip on shoes (no lace-up boots)
- **Wash your face** with soap and water and make sure you remove any mascara or eyeliner
- **No makeup, jewelry, nail polish, hairspray, perfume/cologne, or lotions.** Deodorant is okay
- **You need a responsible adult (18 or over) who is known to you (i.e. family, friend, neighbor) to accompany you to and from surgery**. You will be asked to identify this person prior to surgery. You may use taxis, Ubers, etc. for your surgery if you have a responsible adult with you.
- **If you would like to receive IV sedation, you need someone to stay with you for 24 hours after surgery**. You may also choose to have numbing drops only, without IV sedation

AT THE SURGERY CENTER / HOSPITAL

- After checking in, you will be brought to the “short stay” area of the surgery center. Your anesthesia provider and your surgeon will speak with you and have you sign consent forms
- You will have an intravenous (IV) line placed in your arm. The sedation usually consists of an anti-anxiety medication called Versed (midazolam) and sometimes an opioid called fentanyl
- You will receive several rounds of eye drops (dilation, numbing, antibiotic)
- You will be at the surgery center for ~1-2 hours. The surgery itself usually takes about 20 minutes

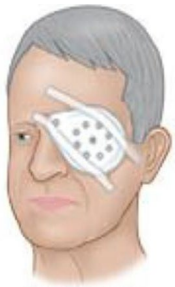
AFTER SURGERY

Immediately After Surgery

- Please plan to rest for the remainder of the day, and have someone stay with you until the next morning.
- It is normal for your eye to feel slightly sore, itchy, scratchy, or watery. You may also experience flickering or flashing for a few days.
- Your vision may be blurry the day of surgery and may take several days to clear.
- If your eye is patched, keep the patch on unless your surgeon instructs otherwise.
- If you are having both eyes treated, your eyes can heal at different rates, and 1 eye may be more blurry after surgery than the other. You may also remember more from 1 surgery than the other
- You may need glasses later to fine-tune your distance and near vision.
- You may take acetaminophen (Tylenol) or ibuprofen (Advil) as needed for mild discomfort.

For 1 week after surgery:

- Light Adjustable Lens patients must wear UV-protective eyewear (they will be provided to you at the surgery center) at all times when outdoors or in bright indoor light. **You will wear your UV protecting eyewear** until your final "lock-in" procedure and your surgeon confirms it is safe to stop. UV protection is critical because unprotected exposure can cause unwanted lens changes.
- Wear your protective eye shield while sleeping for 1 week after surgery. To apply the shield, place the "arm" above your nose and tape above and below so you can still see through it.
- No eye makeup (eyeliner, mascara, eyeshadow)
- No physically strenuous activity (lifting more than 35 lbs.)


Eye shield

It is safe to:

- **Shower, bathe, and wash your hair**, but avoid getting soap or water directly in your eye.
- Read and watch TV
- Walk, be outdoors, do light housework
- Bend over to put on a pair of shoes or pick up something light (under 35 lbs.)

For 2 weeks after surgery:

- No high-impact sports or activities (skiing, tennis, pickleball, etc.)
- In general, we recommend no traveling more than 2 hours away in case urgent issues arise

For 3 weeks after surgery:

- No swimming underwater (even with goggles on)

Can I use my other eye drops?

- Please discuss your specific situation with your surgeon

Medicated Eyedrops (Start Morning of Surgery)

You'll begin medicated eye drops starting on the day of your surgery. Based on your surgeon's recommendation, you'll receive either:

- Imprimis combination drops (follow the schedule on page 7)
- 3 separate prescriptions called into your pharmacy (follow the schedule on pages 8)

Lubricating Drops (Start One Week After Surgery)

1 week after your surgery, start Vevye® twice daily (morning and evening)

Continue until the bottle is finished (1 bottle per eye)

Replacement Imprimis and Vevye® drops available for purchase at any Eyesight office location during normal business hours

UV-Blocking Glasses – Essential for Success

You'll receive 3 pairs of UV-blocking glasses at the surgery center. These will protect your LAL from unintended UV exposure. These glasses contain a special protective coating not found in standard eyewear or sunglasses. Only the provided glasses offer the necessary protection to ensure optimal visual outcome.

- Clear glasses – for indoor and/or outdoor use
- Clear bifocal glasses – for reading and near tasks
- Sunglasses – for outdoor use (or for bright lights indoors)

Avoid tanning beds and light-based beauty treatments including laser hair removal, facial treatments, and intense puled light (IPL) therapy as these may cause unwanted changes to your lens.

How Long Should I Wear Them?

Starting on the day of surgery, wear them any time you're outdoors, near windows with sunlight, or indoors with UV-emitting light. You'll wear them until 24 hours after your final light treatment. This entire process usually takes 2-3 months.

Lost or Damaged Glasses?

Replacement glasses are available at all Eyesight office locations. If all are lost or damaged, please wear the darkest sunglasses you own and contact our office

PLEASE CALL US IMMEDIATELY IF YOU NOTICE ANY OF THE FOLLOWING:

- **Significant worsening of vision**
- **Increasing or severe pain**

WE ALWAYS HAVE AN MD ON CALL WHO CAN HELP YOU.

Call the main office at (603) 436-1773.

The after-hours greeting will include an option to reach the on-call physician.

Imprimis / Combo Drop Schedule

IMPRIMIS *Prednisolone-Moxifloxacin-Nepafenac*
Vevye® *(for lubrication)*

Have Drops Ready: For each eye you will have 1 bottle of Imprimis and 1 bottle of Vevye® (if receiving an upgrade). These drops can be picked up at any Eyesight office. Imprimis is **not** available at the surgery center or your pharmacy.

Morning of Surgery: Starting 1 hour before leaving home, use Imprimis eye drop every 15 minutes for a total of 4 doses. i.e. if you will be leaving home at 9:00 AM, use Imprimis at 8:00, 8:15, 8:30, and 8:45 AM. This applies **regardless of your drive time** to the surgery center.

Shake bottles before use. The Imprimis drop comes out quickly – tip bottle upside down and wait for drop to come out or tap the bottle gently. **Space out all drops by at least 5 minutes**. Do not share bottles between two eyes.

Beginning 1 HOUR BEFORE LEAVING HOME FOR THE SURGERY CENTER on_____

1 hour prior	45 minutes prior	30 minutes prior	15 minutes prior	After leaving the surgery center, use again at 12:00pm – 4:00pm – 8:00pm
☐	☐	☐	☐	☐ ☐ ☐

After Surgery: *(4 times a day is roughly 8am, 12pm, 4pm, 8pm. 2 times a day is roughly 8am and 8pm)*

Week 1	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
IMPRIMIS	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐

Week 2	Day 8 _____	Day 9 _____	Day 10 _____	Day 11 _____	Day 12 _____	Day 13 _____	Day 14 _____
IMPRIMIS	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐
Vevye®	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐

Week 3	Day 15 _____	Day 16 _____	Day 17 _____	Day 18 _____	Day 19 _____	Day 20 _____	Day 21 _____
IMPRIMIS	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐
Vevye®	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐

Week 4	Day 22 _____	Day 23 _____	Day 24 _____	Day 25 _____	Day 26 _____	Day 27 _____	Day 28 _____
IMPRIMIS	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐
Vevye®	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐

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

Separate Drop Schedule

For each eye you will be prescribed 3 drops to your pharmacy. If receiving an upgrade, you will also receive 1 bottle of Vevye®, available at any Eyesight office. Drops are **not** available at the surgery center.

Morning of Surgery: Starting 1 hour before leaving home, use 1 drop each of the moxifloxacin, prednisolone, and ketorolac every 15 minutes for a total of 4 doses. i.e. if you will be leaving home at 9:00 AM, use the drops at 8:00, 8:15, 8:30, and 8:45 AM. Shake bottles before use. **Space out drops by at least 5 minutes**. Do not share bottles between eyes.

Beginning 1 HOUR BEFORE LEAVING HOME FOR THE SURGERY CENTER on_____

1 hour prior	45 minutes prior	30 minutes prior	15 minutes prior
☐	☐	☐	☐

After leaving the surgery center, use again at 12:00pm – 4:00pm – 8:00pm
☐ ☐ ☐

After Surgery: (4 times a day is roughly 8am, 12pm, 4pm, 8pm. 2 times a day is roughly 8am and 8pm)

Week 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Moxifloxacin or Polytrim	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐
Prednisolone Acetate 1%	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐
Ketorolac	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐

Week 2	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Prednisolone Acetate 1%	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐
Ketorolac	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐	4 times a day ☐☐☐☐
Vevye®	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐

Week 3	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Prednisolone Acetate 1%	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐
Ketorolac	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐
Vevye®	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐

Week 4	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Prednisolone Acetate 1%	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐
Ketorolac	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐
Vevye®	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐

It is EXTREMELY important to follow your eyedrop instructions!
NOTE: Your surgeon will discuss the recommended continuation of your eyedrops after 4 weeks

Week 5 & Week 6	Day 29	Day 30	Day 31	Day 32	Day 33	Day 34	Day 35
Prednisolone Acetate 1%	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐
Ketorolac Tromethamine	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐

Vevye® – use until bottle is gone	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐	2 times a day ☐☐

When Do Treatments Start?

- The first adjustment starts ~1 month after surgery or after 2nd eye if both eyes are treated
- You will have a total of 3-5 appointments, consisting of (up to) 3 adjustments and 2 lock-ins
- Each appointment takes ~90 minutes and requires eyes to be dilated

Are Light Treatments Painful?

- No. Numbing drops are used
- You may feel mild pressure or brightness, but treatments are generally painless

Will My Surgeon Handle Post-Surgery Adjustments?

Your vision adjustments will be made by one of our specially certified optometrists. While your MD performed the cataract surgery, your optometrist is the expert in fine-tuning your vision to match your personal preferences. Think of it as a team effort—your surgeon sets the foundation, and your optometrist helps perfect the result. Throughout the adjustment phase, it's helpful to stay with the same optometrist whenever possible so they can get to know your vision goals.

At each visit, the doctor will ask you to consider the answer to the following questions:

Activity (What do you want to see clearly?)	**Current Vision Rating** (How well can you see now?)
Driving / Distance vision	
Seeing your phone or computer / Intermediate vision	
Reading / Near vision	

During the appointment, you will discuss your vision goals and trial different degrees of blended vision. This means that your dominant eye is optimized for distance, and your non-dominant eye is set for your desired degree of near vision. A greater amount of blend will provide greater range of vision when both eyes are working together, and more freedom from glasses.

If you are unsure about the degree of blended vision you like, your optometrist may have you trial a prescription contact lens (either in clinic or to take home).

Treatment Preparation

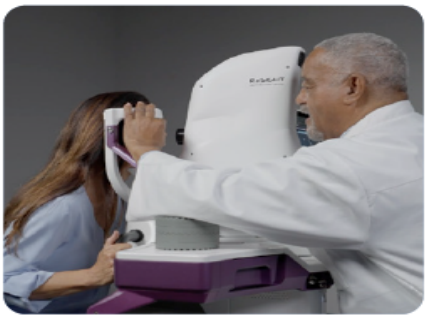
Numbing drops will be applied, and the untreated eye will be patched to help the treated eye focus on the procedure.

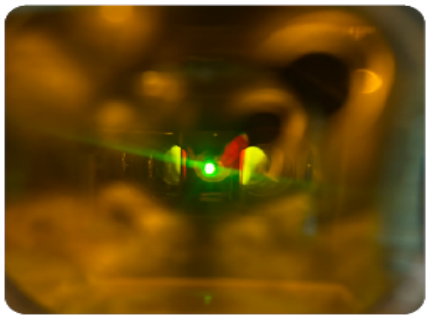
A gel will be placed on a contact lens. The doctor will hold it up to your numbed eye.

You will be comfortably positioned at the LDD with adjustments to the chair, table, or chin rest. Hold on to the table's handles to keep steady during treatment.

Treatment Delivery

The team will confirm your treatment information in the LDD and position the contact lens on your numbed eye, where you may feel cool gel and light pressure.





On average, the LDD treatment lasts around 90 seconds. You will experience two lights: a bright light and a blinking light. Focus on the blinking light. As the treatment begins, you will experience the bright light while the blinking light may seem to fade at times. Breathe calmly through your nose—your treatment team has everything under control. They are maintaining your alignment. On occasion, you will hear a countdown beep.

Treatment Completion

Upon completion, the contact lens is removed and your treatment team will advise you to sit back. Please use caution as your vision may be blurry immediately afterwards from the gel and dilation. It can take a few days for the treatment to take full effect.

After the LDD treatment, resume activities as you feel comfortable and track your vision to discuss with your eye care team during your next visit.

What to Expect After Each Light Treatment

After each Light Delivery Device (LDD) treatment, you may notice a few effects:

- Blurry vision: This is common immediately after treatment due to a gel used during the procedure. It typically clears up within an hour.
- Dilated eye: Your eye may remain dilated for several hours or the remainder of the day
- Gradual improvement: Vision enhancement may take 24–48 hours to become noticeable.
- Pink or red afterimage: The light source may cause a temporary pink or red tinge to your vision, especially visible on white surfaces. This is normal and usually fades before your next treatment. If the pink or red afterimage persists, speak with your eye doctor.

Questions or Need Replacements?

Contact your Eyesight office for:

- Replacement glasses
- Additional Imprimis or Vevye® Drops
- Any concerns about your recovery or treatment schedule

Contact your Eyesight surgical coordinator if you have any questions by dialing
603-501-7868 and the extension

PORTSMOUTH COORDINATORS:
Sandy x230 Leah B. x240 Phyllis x221 Holly S. x271

EXETER COORDINATORS:
Casey x207 Leah B x240 Holly S.x271

SOMERSWORTH COORDINATORS:
Cassie x263 Kimberly x541 Leah S. x631 Phyllis x221

KITTERY COORDINATORS:
Leah S. x631

Light Adjustable Lens / LDD Refractive Department Clinic Lead
Ashlin x245

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 0.7 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 right side with ample parking.

*__You must have__ a responsible adult designated to accompany you to and from surgery. You will be asked to identify this person prior to surgery. Do not plan to use taxis, Ubers, or other public transportation for your procedures unless you also have a responsible adult with you.

***Anesthesia requires that someone stay with you for 24 hours after surgery**.

COASTAL
SURGICAL CENTER

UNDERSTANDING THE COSTS RELATED TO YOUR UPCOMING SURGERY

Cataract Surgery Coverage:

- Basic cataract surgery is typically covered by your medical insurance if you have visually significant cataracts that affect your daily life.
- This means that the procedure itself is considered medically necessary, and your insurance will help cover the costs.

Copays and Deductibles:

- Even though your surgery may be covered by insurance, you may still have to pay a **copay** (a fixed fee for the service) and a **deductible** (the amount you pay out-of-pocket before insurance starts covering costs).
- These fees are standard in many insurance plans and apply to various medical procedures, including cataract surgery.

Premium Lens Upgrades:

- If you choose a premium lens upgrade or service such as Optiwave, Toric Lens, Presbyopic Lens or a Light Adjustable Lens (LAL), these options provide additional benefits, such as improved vision at multiple distances.
- Since these premium lenses are considered enhancements beyond basic coverage, you will be responsible for the full cost of the upgrade.

Billing Process:

- We will bill your insurance for the cataract surgery, regardless of your lens choice.

  That is considered the cost of the procedure itself.
- However, the costs for the premium lens upgrade will be billed separately, as they are not covered by insurance.

Concerned about coverage? Contact your insurance plan prior to surgery.

This is always the BEST way to ensure you will not have unexpected charges after your procedure, particularly for copays and deductibles. **You will receive charges from BOTH Eyesight AND the SURGICAL CENTER**. Your insurance plan will need to know the following:

What is the CPT code for your procedure? (this code is used for both the physician and surgery center)

66984 – Cataract Surgery or 66982 for Complex Cataract Surgery

At the surgery center, for pain after surgery and to minimize inflammation, your surgeon may use:
Dextenza (a dexamethasone insert) –J1096 (4 units)

What is the NPI number of the practice?

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

Coastal Surgical Center (for surgery, 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

LIGHT ADJUSTABLE LENS (LAL / LAL+) PACKAGE *(per eye)*

The Light Adjustable Lens (LAL) is the only lens that enables you and your doctor to customize and adjust your vision after surgery. Each lens provides moderate range of vision, and most people will try varying degrees of blended vision, with one eye optimized for distance, and the other eye with greater near vision. You will need to wear UV protective glasses during the post-op adjustment period which takes place over the course of several months.

	STANDARD	SELF PAY
EYESIGHT FEES		
PHYSICIAN SURGICAL FEE (plus basic cataract billing through insurance)	$ 3,400.00	$ 5,400.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	$ 500.00
TOTAL COLLECTED BY EYESIGHT	**$ 3,400.00**	**$ 5,900.00**
COASTAL SURGICAL CENTER FEES		
FACILITY FEE	Insurance fees	$ 1,400.00
LENS FEE	$ 1,100.00	$ 1,100.00
ANESTHESIA FEE	Insurance fees	$ 560.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	**$ 1,100.00**	**$ 3,060.00**
TOTAL FEES FOR LIGHT ADJUSTABLE LENS by Eyesight & Coastal Surgical Center	**$ 4,500.00 + Insurance fees**	**$ 8,960.00**

Includes: Imprimis pre/post operative drops & Vevye® lubricating drops (1 bottle of each, per surgical eye), advanced Pre and Intraoperative planning, additional topographical measurements and analysis, up to 8 post-operative visits with up to 3 prescription adjustments. **Patient Responsibility:** Insurance deductible, copay & coinsurance. If Imprimis is not recommended, or if other prescriptions are required, the patient is responsible for the costs associated with any pharmacy prescriptions.

IF YOU ARE RECEIVING AN UPGRADE, PAYMENT IS DUE A MINIMUM OF 1 WEEK PRIOR TO SURGERY

Payment Options: Interest-free financing available for up to 18 months and extended payment plans are available through www.CareCredit.com. We also accept MasterCard, Visa, Cash or Check.

CREDIT CARD POLICY AT COASTAL SURGICAL CENTER: At the time of registration, you will be asked for a credit card to store on file. After your insurance pays its part, you'll have 30 days to pay the remaining balance. After 30 days, the remaining balance will be charged to your credit card. Co-pays must be paid at the time of visit.

Patient: _____

AUTHORIZATION TO PERFORM SERVICES - Cataract Surgery with an upgrade

1. I have requested that my physician at Eyesight Ophthalmic Services perform my cataract surgery at Coastal Surgical Center. My lens selection is initialed below

2. I understand that should I choose Optiwave, Toric/Astigmatism Reducing or Presbyopia reducing upgraded lenses, **they 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 my insurance for the basic cataract items, and I 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 will be: (please circle and initial below):

	Optiwave Enhanced Vision	Toric Astigmatism Reducing	Presbyopia Reducing	Light Adjustable Lens (LAL or LAL+)	Basic Lens
Standard	$ 1,100.00	$ 2,050.00	$ 2,550.00	$ 3,400.00	Insurance deductible & copayment fees
Post Refractive Surgery	$ 1,100.00	$ 2,350.00	$ 2,850.00	$ 3,400.00	
Self-Pay/Cosmetic	$ 3,100.00	$ 4,050.00	$ 4,550.00	$ 5,400.00	$ 2,000.00
I CHOOSE THE FOLLOWING:	_____ ***If chosen, initial above***	_____ ***If chosen, initial above***	_____ ***If chosen, initial above***	_____ ***If chosen, initial above***	_____ ***If chosen, initial above***

Payable to Eyesight Ophthalmic Services **one week prior** to the surgical procedure. The amount may be paid in the form of cash, credit card or check. Extended and interest free financing options may be available through Care Credit (www.CareCredit.com).

My signature below indicates that I agree to accept responsibility for payment for the upgrade, if I have selected an 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. If I have chosen an Advanced lens, and 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: ☐ Toric ☐ Panoptix-Panoptix Toric ☐ Vivity-Vivity Toric ☐ Optiwave Analysis ☐ LAL ☐ LAL+ ☐ BASIC

Surgery Date _____ OS (left eye)
Lens: ☐ Toric ☐ Panoptix-Panoptix Toric ☐ Vivity-Vivity Toric ☐ Optiwave Analysis ☐ LAL ☐ LAL+ ☐ BASIC

COASTAL SURGICAL CENTER

Cataract Surgery with Advanced Presbyopia, Monofocal, Toric, or Light Adjustable 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 to 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:**

Per eye prices

	BASIC AND / OR OPTIWAVE ENHANCED			PRESBYOPIA REDUCTION		
	STANDARD	POST-LASIK	SELF PAY	STANDARD	POST-LASIK	SELF PAY
FACILITY FEE	Insurance fees	Insurance fees	$ 1,400.00	Insurance fees	Insurance fees	$ 1,400.00
LENS FEE	Insurance fees	Insurance fees	$ 65.00	$ 950.00	$ 950.00	$ 950.00
ANESTHESIA FEE	Insurance fees	Insurance fees	$ 560.00	Insurance fees	Insurance fees	$ 560.00
TOTAL	Insurance fees	Insurance fees	$ 2,025.00	$ 950.00 + Insurance fees	$ 950.00 + Insurance fees	$ 2,910.00
	_____	_____	_____	_____	_____	_____

	ASTIGMATISM / TORIC			LIGHT ADJUSTABLE LENS	
	STANDARD	POST-LASIK	SELF PAY	STANDARD	SELF PAY
FACILITY FEE	Insurance fees	Insurance fees	$ 1,400.00	Insurance fees	$ 1,400.00
LENS FEE	$ 450.00	$ 450.00	$ 450.00	$ 1,100.00	$ 1,100.00
ANESTHESIA FEE	Insurance fees	Insurance fees	$ 560.00	Insurance fees	$ 560.00
TOTAL	$ 450.00 + Insurance fees	$ 450.00 + Insurance fees	$ 2,410.00	$ 1,100.00 + Insurance fees	$ 3,060.00
	_____	_____	_____	_____	_____

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

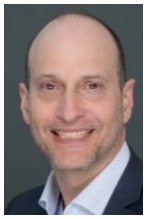
_____ _____

Witness | Date

If you are receiving any premium service, PAYMENT IS DUE A MINIMUM OF 1 WEEK PRIOR TO SURGERY – COASTAL SURGICAL WILL CONTACT YOU TO COLLECT PAYMENT

PAYMENT OPTIONS: Interest-free financing available for up to 24 months and extended payment plans are available through www.CareCredit.com. We also accept MasterCard, Visa, Cash or Check to COASTAL SURGICAL CENTER..

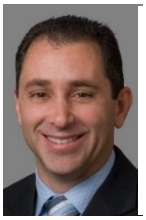
Your family of Eyesight staff is here to assist you with every aspect of caring for your eyes.



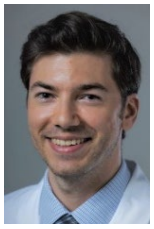
Warren Goldblatt, MD

Jennifer Ling, MD

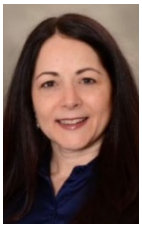
Christopher Turner, OD



N. Timothy Peters, MD



Jason Szelog, MD

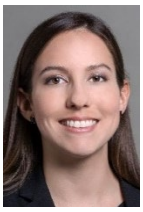


Lauren McLoughlin, OD

Marsha Kavanagh, MD

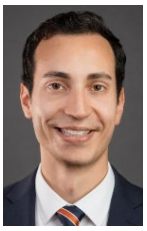
Nathaniel Sears, MD

Janet Rand, OD



Renee Lynch, OD

Timothy Sullivan, MD



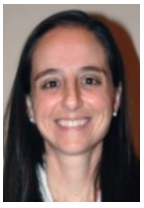
Jonah Goldblatt, MD

Hilary Hamer, OD

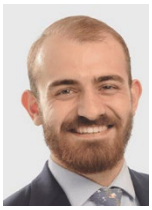
Claudia Bartolini, MD

Qingjie Wang, MD, PhD

Dwight Arvidson, OD



Kinley Beck, MD



Stephen Arsenault, OD

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