



Required Forms and Information

Thank you for choosing Clarus Eye Centre for your surgery. We are excited to help improve your vision. The information and instructions in your folder are detailed and complete. It is important to review this information carefully. Please do not hesitate to call if you have any questions or concerns.

- The CATARACT SURGERY OPTIONS form (A-1) explains the lens replacement options available to you. Please read them carefully as you will need to select the option that best suits your vision needs. Your surgeon has given a recommendation for you to consider.
- Please read your copy of the INFORMED CONSENT for CATARACT SURGERY (A-2) thoroughly. During your office visit, your surgeon reviewed your condition, the recommended procedure and the risks, complications, benefits and alternatives to cataract surgery. If you have any specific questions or concerns that your surgeon has not addressed, please call our surgery coordinator to arrange a time to come in to review them. If you did not sign your INFORMED CONSENT form in the office, you will need to schedule an appointment prior to your surgery to come in to sign this form.
- We have also enclosed information on AFFORDABLE PAYMENT OPTIONS (A-3) that are available through Alphaeon Credit. You may visit their website at www.alphaeon.com/credit.
- We have provided information about the Washington State law regarding the Balance Billing Protection Act (A-4). If you have any questions about this, you may contact the Washington State Office of the Insurance Commissioner at www.insurance.wa.gov or call 1-800-562-6900.
- Please review the pamphlet regarding "Patient Rights" from the Laser and Surgery Center. The surgery center will answer any questions you may have when they call prior to your surgery.

If you have questions regarding your information or instructions, please contact our surgery coordinator at 360-923-4338.



AFFORDABLE PAYMENT OPTIONS FOR PREMIUM CATARACT SURGERY

PREMIUM LASER CATARACT SURGERY is considered elective by most insurance companies, therefore the premium portion of your surgery is not covered by your insurance. We believe that financial considerations should not be an obstacle to achieving your best vision after cataract surgery. Visit www.ALPHAEON.com/CREDIT to apply online and to review the details and terms of the plans offered; Select "Vision" then click on "Apply for My Account & Get Started". This is why we offer our patients the following options for payment:

☐ Equal Pay Plan with ALPHAEON CREDIT*

- \$87 for 60 months for an amount of \$4,000 (\$5,220 with interest)
- OR \$119 for 60 months for an amount of \$5,500 (\$7,140 with interest)
- 9.99% APR if paid in full in 60 months
- If balance is not paid in full in 60 months, interest will be imposed from the end of the promotional period at the standard variable APR

☐ Interest-Free Financing for 12 months with ALPHAEON CREDIT *

- No interest charges if paid within 12 months
- For example, \$334 for 12 months for an amount of \$4,000 (no interest)
- OR \$459 for 12 months for an amount of \$5,500 (no interest)
- OR \$667 for 12 months for an amount of \$8,000 (no interest)

☐ Payment in Full

- Payment in full is due prior to surgery and can be paid by cash, check or credit card. For your convenience, we accept Visa, MasterCard or Discover.

Payment or arrangements for financing should be complete at least one week prior to your surgery date.

*Late fees do apply to all credit options

INFORMATION ABOUT BALANCE BILLING PROTECTION ACT

Know your rights under the Balance Billing Protection Act

Beginning January 1, 2020, Washington state law protects you from 'surprise billing' or 'balance billing' if you receive emergency care or are treated at an in-network hospital or outpatient surgical facility

What is 'surprise billing' or 'balance billing' and when does it happen?

Under your health plan, you're responsible for certain cost-sharing amounts. This includes co-payments, coinsurance and deductibles. You may have additional costs or be responsible for the entire bill if you see a provider or go to a facility that is not in your plan's provider network.

Some providers and facilities have not signed a contract with your insurer. They are called 'out-of-network' providers or facilities. They can bill you the difference between what your insurer pays and the amount the provider or facility bills. This is called 'surprise billing' or 'balance billing.'

Insurers are required to tell you, via their websites or on request, which providers, hospitals and facilities are in their networks. And hospitals, surgical facilities and providers must tell you which provider networks they participate in on their website or on request.

When you CANNOT be balance billed:

Emergency Services

The most you can be billed for emergency services is your plan's in-network cost-sharing amount even if you receive services at an out-of-network hospital in Washington, Oregon or Idaho or from an out-of-network provider that works at the hospital. The provider and facility cannot balance bill you for emergency services.

Certain services at an In-Network Hospital or Outpatient Surgical Facility

When you receive surgery, anesthesia, pathology, radiology, laboratory, or hospitalist services from an out-of-network provider while you are at an in-network hospital or outpatient surgical facility, the most you can be billed is your in-network cost-sharing amount. These providers cannot balance bill you.

In situations when balance billing is not allowed, the following protections also apply:

- Your insurer will pay out-of-network providers and facilities directly. You are only responsible for paying your in-network cost-sharing.
- Your insurer must:
 - o Base your cost-sharing responsibility on what it would pay an in-network provider or facility in your area and show that amount in your explanation of benefits.
 - o Count any amount you pay for emergency services or certain out-of-network services (described above) toward your deductible and out-of-pocket limit.
- Your provider, hospital, or facility must refund any amount you overpay within 30 business days.
- A provider, hospital, or outpatient surgical facility cannot ask you to limit or give up these rights.

If you receive services from an out-of-network provider, hospital or facility in any OTHER situation, you may still be balance billed, or you may be responsible for the entire bill.

This law does not apply to all health plans. If you get your health insurance from your employer, the law might not protect you. Be sure to check your plan documents or contact your insurer for more information.

If you believe you've been wrongly billed, file a complaint with the Washington state Office of the Insurance Commissioner at www.insurance.wa.gov or call 1-800-562-6900.

CATARACT SURGERY INSTRUCTIONS

BEFORE SURGERY

Our surgery counselor has reviewed your paperwork and instructions with you. Your surgery will be performed at the Laser & Surgery Center, located to the far left of the main entrance of Clarus Eye Centre. The Laser & Surgery Center will call you prior to your surgery to review preoperative information, assign an approximate arrival time and review your medical health information. They will confirm your actual arrival time the day prior to surgery. If you need to speak with the Surgery Center directly, you may call them at 360-456-7077, Monday – Thursday before 4pm or by noon on Friday.

- Read your surgery instructions thoroughly.
- Begin using your PREOPERATIVE DROPS **ONE DAY BEFORE** surgery.
- Please make arrangements for a ride home after your surgery.
- If you have any questions or need to speak with our cataract surgery counselor, call **360-923-4338**.

DAY OF SURGERY

You will spend approximately 1 to 2 hours at the surgery center. We have a private waiting area for a friend or family member who wishes to watch as your surgery is being performed. Please let the receptionist know in advance if you have someone interested in watching.

- You must have a responsible adult present to provide transportation following your surgery.
- Please do not eat or drink anything for 2 hours before your arrival time. (1 hour for diabetic patients)
- Take your normal daily medications, including insulin, aspirin, and coumadin.
- Please wear warm, comfortable clothing to the surgery center.
- Do not wear any facial makeup, perfume, cologne or aftershave lotion.
- Do not wear contact lenses on the day of surgery.
- Use your preoperative drops on the day of surgery prior to your arrival.

If you take drops for **GLAUCOMA**, please do not stop using or alter your glaucoma drops, unless instructed otherwise by your doctor.

AFTER SURGERY

Immediately following your surgery, the surgery center will give you specific times to use your postoperative drops for the rest of that day. They will provide you with an eye shield to wear while sleeping the day or evening of surgery. **Your vision will be blurry for the first few days**, but should gradually improve as your eye heals.

- Wear your eye shield while resting or sleeping during the day and first night after your surgery.
- During the day you may wear your glasses or sunglasses. You may want the lens removed from your glasses on the side that had surgery until a new lens is prescribed 2-4 weeks after surgery. Or you may prefer to go without glasses and only use reading glasses. **Please do whichever is most comfortable for you, as neither option will harm your eye.**
- Normal activities may be resumed the day after surgery.
- You may bathe or shower as usual, try to keep water and soap out of the eye as much as possible.
- Avoid swimming or hot tubs for one week after surgery.
- Please do not use mascara or eye makeup for the first few days after surgery.
- Use your prescription drops as instructed and taper them as indicated by your drop schedule.
- Your drops may leave a white residue in the corner of your eye. You may clean it with a warm cloth.
- Please reference THE COMMON SYMPTOMS (B-3) for more details.
- YOU WILL BE REQUIRED TO COME IN TO THE CLINIC THE DAY AFTER YOUR SURGERY.

Notify us immediately if your vision gets abruptly worse, there is a severe ache and the eye is more red, as this may be a sign of infection.

POST-OPERATIVE APPOINTMENTS

You are required to come in to the clinic the day after your surgery. It is important for your surgeon to examine your eye to insure proper healing. You will also be scheduled for an appointment approximately two weeks after your surgery. At the two week visit, the doctor will dilate your pupil and check for new prescription glasses.

- Please bring your drops with you to your appointments. This makes it easier to answer any questions you may have or to explain any changes with your drop instructions.

INSURANCE / BILLING

Your insurance plan dictates your financial obligation. They pay according to your particular plan, applying the appropriate out-patient co-payments, and/or annual deductibles. Our surgery team will obtain prior authorization when needed. After your surgery, we will bill your insurance company for you. There will be three separate claims.

- The Laser & Surgery Center for the facility fee
- **Clarus Eye Centre** for your physician's services
- The *anesthesia team* for their services

COMMON SYMPTOMS YOU MAY NOTICE AFTER SURGERY

We hope that your surgery is a positive experience. Although we cannot know how each individual will respond and heal following eye surgery, we have listed some common symptoms that you may experience:

For the first few days after surgery:

- Your vision will be blurry. Your vision may fluctuate.
- It is normal for the white part of the eye to appear red or bloodshot.
- Your drops will sting.
- Your pupil may remain dilated for a few days.
- Foreign body sensation or irritation, like an eyelash in the eye.
- Light sensitivity, which may last for a few weeks – you may be more comfortable wearing sunglasses.

You may see:

- After-images or colors in your vision (blue or pink hue), which may last for a few days after surgery.
- Crescent shaped images (half circle) – this should improve as your eye adjusts after surgery.
- Glare from lights or halos around lights – this should improve with time.
- An increase in floaters (specks or spots in your vision) for a few months – if you have any dramatic change or a curtain that remains in your vision, you should notify your doctor.
- A change in colors – usually brighter and less yellow.
- Mild flashing of light or sparkles in your vision.
- Double vision – usually clears after the first day.

There may be an adjustment period while your eyes adapt to each other – this can take a few weeks.

Final clearing of your vision usually takes 2-4 weeks. **Most people need a change in their eyeglass prescription following cataract surgery**, while some will only need glasses for reading. It may take longer for your vision to stabilize if you have diabetes, macular degeneration, advanced glaucoma or other eye diseases.

You will be using an antibiotic to reduce the risk of infection and a steroid to help soothe the eye and decrease swelling. You may also use artificial teardrops to reduce any scratchy sensation. Detailed instructions for your drops after surgery have been included for your convenience.

Problems after surgery are rare, but they can occur. These can include infection, bleeding, inflammation (pain, redness, or swelling), loss of vision, or light flashes. With prompt medical attention, these problems can usually be treated successfully.

If you have questions or concerns after surgery, please call our main office at **360-456-3200**. If calling after hours, you will be instructed how to reach our answering service.

MEDICATION ALERT!

The following medications can be prescribed for hypertension, bladder/kidney or prostate problems. If you have ever taken or are currently taking any of the medications listed below, please notify us immediately. These medications can make it more difficult for your pupil to dilate at the time of your surgery. We will need to use additional medication to help alleviate potential problems that may occur.

FLOMAX (Tamsulosin)

CARDURA (Doxazosine)

HYTRIN (Terazosin)

UROXATRAL (Alfuzosin)

MINIPRESS or VASOFLEX (Prazosin)

RAPAFLO (Silodosin)

Please call our surgery coordinator at
360-923-4338 if you have any questions.

Clarus Cataract Team

Eye Drop Instructions for Surgery



Begin 1 day BEFORE SURGERY	VIGAMOX (tan) 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DAY OF SURGERY BEFORE PROCEDURE	VIGAMOX (tan) Use in the morning <input type="checkbox"/>	DAY OF SURGERY AFTER PROCEDURE	VIGAMOX (tan) 3 times AFTER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	KETOROLAC (gray) 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		KETOROLAC (gray) Use in the morning <input type="checkbox"/>		KETOROLAC (gray) 3 times AFTER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
					PRED (pink or white) 3 times AFTER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

✓Remember to space each different drop by at least 5 minutes.

VIGAMOX (antibiotic) has a TAN cap

KETOROLAC (anti-inflammatory) has a GRAY cap

PRED = PREDNISOLONE ACETATE (steroid) has a WHITE or PINK cap

✓Following your surgery you will use all three drops.

Please begin USING the schedule BELOW the first day AFTER your surgery.

WEEK 1 AFTER SURGERY	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	
	VIGAMOX (tan) 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VIGAMOX (tan) 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VIGAMOX (tan) 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VIGAMOX (tan) 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VIGAMOX (tan) 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VIGAMOX (tan) 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VIGAMOX (tan) 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VIGAMOX (tan) 4 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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WEEK 2 AFTER SURGERY	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	
	KETOROLAC (gray) 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	KETOROLAC (gray) 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	KETOROLAC (gray) 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	KETOROLAC (gray) 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	KETOROLAC (gray) 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	KETOROLAC (gray) 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	KETOROLAC (gray) 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	KETOROLAC (gray) 3 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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WEEK 3 AFTER SURGERY	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	
	KETOROLAC (gray) 2 times per day <input type="checkbox"/> <input type="checkbox"/>	KETOROLAC (gray) 2 times per day <input type="checkbox"/> <input type="checkbox"/>	KETOROLAC (gray) 2 times per day <input type="checkbox"/> <input type="checkbox"/>	KETOROLAC (gray) 2 times per day <input type="checkbox"/> <input type="checkbox"/>	KETOROLAC (gray) 2 times per day <input type="checkbox"/> <input type="checkbox"/>	KETOROLAC (gray) 2 times per day <input type="checkbox"/> <input type="checkbox"/>	KETOROLAC (gray) 2 times per day <input type="checkbox"/> <input type="checkbox"/>	KETOROLAC (gray) 2 times per day <input type="checkbox"/> <input type="checkbox"/>
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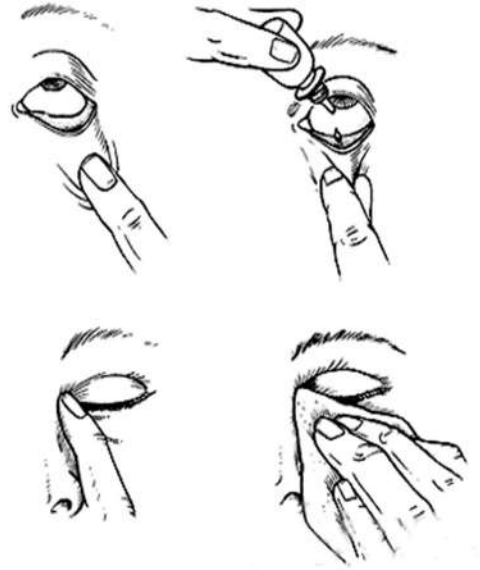
Your drops may sting for the first few days following surgery.

In case of significant pain, significant yellow discharge or decreased vision, call our office 24 hours a day @ (360) 456-3200.

HOW TO INSERT EYEDROPS or OINTMENT

Inserting eye drops may seem difficult at first but becomes easier with practice. To put in an eye drop:

- Wash your hands. Tilt your head back.
- Then create a pocket in front of your eye by pulling the lower lid down with an index finger or gently pinching the lower lid outward with the thumb and index finger.
- Let the drop fall into the pocket without touching your eye or eyelid (to prevent contamination of the bottle).
- Immediately after instilling the drop, gently close your eyelids for 1 minute—do not blink, this prevents most of the drop from running down the back of your nose and throat. Or you may gently apply pressure with your index finger to the inside corner of your eyelid for approximately 1 minute.



- Before opening your eyes, dab unabsorbed drops and tears from the closed lids with a tissue.
- Because the volume of a single drop exceeds the capacity of the surface of the eye, it serves no purpose to use two drops at the same time.
- You should allow at least 5 minutes to pass between drops when you are using more than one type.

To apply eye ointment:

- Follow directions above.
- Squeeze approximately 1/4 inch of ointment into the pocket.
- Close your upper eyelid before releasing your lower eyelid.
- Your vision will be blurry temporarily after using the ointment.

