
INFORMED CONSENT FOR CATARACT SURGERY

NAME:
SURGEON:

DATE OF BIRTH:
EYE:

PATIENT CONSENT

Cataract surgery is the removal of the natural lens of the eye by a surgical technique and replacing it with an intraocular lens (IOL).

The basic procedure of cataract surgery, the type of IOL chosen by me, the advantages and disadvantages, risks, and possible complications of cataract surgery have been explained to me. Although it is impossible for the doctor to inform me of every possible complication that may occur, the doctor has answered all my questions to my satisfaction.

I recognize that during the course of the operation additional or different procedures other than those described above may be necessary. I authorize my surgeon to perform any such procedures necessary to remedy any condition that arises during surgery that are not known at the time the operation has begun.

In signing this informed consent for cataract operation and/or implantation of an IOL, I am stating that I understand that a copy of this consent is available to me and I fully understand the possible risks, benefits, and complications of cataract surgery.

CHOOSE ONE OF THESE OPTIONS:

- 1. MONOFOCAL:** SINGLE FOCUS IOL (NO ADDITIONAL CHARGE)
- 2. PREMIUM TORIC:** ASTIGMATISM-CORRECTING IOL (ADDITIONAL CHARGE \$1,750.00)
- 3. PREMIUM VIVITY:** EXTENDED DEPTH OF FOCUS IOL (ADDITIONAL CHARGE \$2,500.00)
- 4. PREMIUM PANOPTIX:** PRESBYOPIA-CORRECTING IOL (ADDITIONAL CHARGE \$2,950.00)

MY INTRAOCULAR LENS IMPLANT CHOICE IS: _____

I agree to proceed with Cataract Extraction and Intraocular Lens implantation in my _____ **EYE.**

Patient's Signature (or person authorized to sign for patient)

Date

Witness

Date

This information is given to you so that you can make an informed decision about having eye surgery. Take as much time as you need to make your decision about signing this informed consent document. You have the right to ask any questions you might have about the operation before agreeing to have cataract surgery.

A cataract operation is indicated when you cannot function adequately due to poor sight caused by the cataract, except in rare and unusual situations. After your doctor has told you that you have a cataract, you and your doctor are the only ones who can determine if or when you should have a cataract operation, based upon your own visual needs and medical considerations. **YOU MAY DECIDE NOT TO HAVE A CATARACT OPERATION AT THIS TIME.** If you decide to have an operation, the surgeon will replace your natural lens with an intraocular lens (IOL) implant in order to restore your vision. This is an artificial lens, usually made of acrylic material, surgically and permanently placed inside the eye. After surgery, eyeglasses may be required for best distance, intermediate and/or near vision depending on your choice of IOL. Your visual outcome will also depend on the overall health of the eye.

ANESTHESIA AND PROCEDURE

Your surgeon or the anesthesia team will make your eye numb with either drops or an injection (local anesthesia). The anesthesia team provides sedation during the procedure to make your experience comfortable. A small incision, or opening, is then made in the eye. The natural lens in your eye is then removed by a type of surgery called phacoemulsification, which uses a vibrating probe to break the lens up into small pieces that are gently suctioned out of your eye, and the IOL is placed inside your eye. In rare cases, it may not be possible to implant the IOL you have chosen or any IOL at all.

ALTERNATIVES TO SURGERY

As cataract surgery is not usually an emergency, the alternative to cataract surgery is no surgical intervention. However, an untreated cataract will lead to decreased vision.

PLANNING FOR ACCURATE BIOMETRY

Biometry is the method used to measure the eye components and to calculate the power of the IOL. The accuracy of these calculations exceeds 90%. **Patients who are highly nearsighted or highly farsighted have the greatest risk of differences between planned and actual outcomes. Patients who have had LASIK or other refractive surgeries are especially difficult to measure precisely.** If the eye's visual power after surgery is considerably different than what was planned, a laser or surgical treatment may be considered in some cases.

PRESBYOPIA AND ALTERNATIVES FOR NEAR VISION AFTER SURGERY

As we age, we develop an age-related condition known as presbyopia. Presbyopia is the reason that reading glasses or bifocals become necessary, typically after age 40, even for people who have had excellent distance and near vision without glasses in their youth. Patients who have cataract surgery, have their human cataractous lens removed and an artificial lens (IOL) implanted that also creates this presbyopic condition. There are several options available to you to achieve distance, intermediate and/or near vision after cataract surgery.

- **MONOFOCAL IOL (SINGLE FOCUS)**

You can choose to have a Monofocal (single focus) IOL implanted. Bifocal or progressive glasses are usually prescribed after surgery. This lens choice is covered by your insurance, however you will be responsible for a deductible and co-payment.

- **PREMIUM TORIC IOL (ASTIGMATISM-CORRECTING)**

A Premium Toric Lens corrects pre-existing astigmatism (distortion) and allows clearer vision usually for distance without glasses. You will still need glasses for near and intermediate vision, such as reading and computer work. This lens is not covered by your insurance. It is offered at the personal cost of **\$1750.00** per eye, in addition to any deductible and co-payment.

- **PREMIUM VIVITY IOL (EXTENDED-DEPTH OF FOCUS)**

The Vivity lens uses X-WAVE technology to stretch light and provide extended range of vision including distance, intermediate and *some* up-close tasks. It allows for improved quality of vision, corrects any pre-existing astigmatism with less visual disturbances, glare and halos. Glasses are usually needed for close work, such as reading. This lens choice is not covered by your insurance. It is offered at the personal cost of **\$2500.00** per eye, in addition to any deductible and co-payment.

- **PREMIUM PANOPTIX IOL (PRESBYOPIA-CORRECTING)**

The Panoptix lens is a multifocal IOL containing rings that split the light to provide distance, intermediate and near vision, minimizing and sometimes eliminating the need for glasses. It also corrects any pre-existing astigmatism. However, some patients experience less sharpness in vision with or without nighttime glare or halos. This may be more common when driving at night. This lens choice is not covered by your insurance. It is offered at the personal cost of **\$2950.00** per eye, in addition to any deductible and co-payment.

While a premium IOL can dramatically reduce dependency on glasses, you may still need to wear glasses after surgery to obtain your best vision, especially for some up-close work. Your lens choice may be limited due to other eye diseases. The refractive results of surgery cannot be guaranteed. Additional surgery or refractive laser surgery may be considered for residual refractive error. Also, if complications occur at the time of surgery, a monofocal IOL may need to be implanted instead of a "premium" IOL despite your decision to have a "premium" IOL.

ACKNOWLEDGMENT OF FINANCIAL OBLIGATION FOR PREMIUM TORIC, VIVITY & PANOPTIX IOL IMPLANTATION

My eyecare provider has informed me that a premium IOL and the associated services for selection and optimization of the lens are **not covered** by Medicare and insurance companies. If I choose to have cataract surgery with implantation of this technology, I acknowledge that I am responsible for payment of the charge for the premium IOL and associated services that exceed the charge for insertion of a conventional, monofocal IOL following cataract surgery.

RISKS OF CATARACT SURGERY

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. Cataract surgery is usually quite comfortable. Mild discomfort for the first 24 hours is typical, but severe pain would be unusual and should be reported immediately to my surgeon.

As a result of the surgery and associated anesthesia, it is possible that your vision could be made worse. In some cases, complications may occur weeks, months or even years later. These and other complications may result in poor vision, total loss of vision, or even loss of the eye in rare situations. Depending upon the type of anesthesia, other risks are possible, including cardiac and respiratory problems, and, in rare cases, death. Although all of these complications can occur, their incidence following cataract surgery is low.

RISKS OF CATARACT SURGERY INCLUDE BUT ARE NOT LIMITED TO:

- 1. Infection** that is vision threatening occurs in less than 1/1000.
- 2. Bleeding** in and around the eye can occur as a result of the surgery or as a result of the anesthetic shot that may be used to numb the eye. The chance of bleeding sufficiently to result in a decrease in your vision is less than 1/1000.
- 3. Corneal clouding or edema**, which if permanent may require correction with a corneal transplant is required less than 1/1000.
- 4. Rupture of capsule support membranes** that typically hold the IOL in place. In some circumstances, a rupture of capsule support membranes will require the use of an alternate lens design where the IOL is supported by your iris. Your surgeon may elect, rarely, to withhold placing a lens in your eye until a later date. Loss of capsule support requiring an alternate lens design or no lens implantation occurs less than 1/1000.
- 5. Cystoid macular edema** or swelling in the central area of the retina results from a microscopic amount of fluid accumulating in the retina in the back of the eye. This usually resolves on its own or with medications. The chance of this condition causing a noticeable decrease in your vision is about 1/500.
- 6. Retained lens material** in the eye may or may not need to be removed surgically. This occurs in less than 1/1000.
- 7. Retinal Detachment** is a separation of the light-sensitive nerve layer in the back of the eye from the back of the eye that requires surgical intervention for repair. Its rate of occurrence is about 1/500. There is a higher risk in highly near-sighted patients.
- 8. Droopy eyelid** may occur after cataract surgery. While this usually improves with time, needing surgery to repair this occurs in about 1/700.
- 9. Glaucoma** (associated with an elevation in the pressure of the eye) can compromise peripheral and central vision in its latter stages. The use of drops and other means of controlling the pressure may be required. An existing glaucoma condition may worsen as a result of cataract surgery. This occurs in less than 1/1000.
- 10. Double vision** may occur because of injury to the muscles that move the eyeball such that there is difficulty using both eyes together. This usually goes away on its own but if it is persistent, may be able to be corrected with prisms though in some cases may require eye muscle surgery. The risk for this surgery induced double vision is about 1/500.
- 11. Irregular Pupil** The pupil is the black hole in the brown or blue part of your eye. The chance of this becoming irregular is about 1/500. The chance of this irregularity affecting your visual outcome is less than 1/1000.
- 12. Secondary/After Cataract** There is a fine clear transparent membrane that is left behind at the time of surgery. This membrane can become cloudy in about 1 in 10 patients between an average of 2 months to 2 years after surgery. If this were to blur your vision, a 5 minute YAG laser procedure would be performed to create an opening in the membrane and improve your vision. There are rare complications associated with the use of the YAG laser.
- 13. Iritis** is an inflammation in the eye that may require steroid eye drops or shots to control. This occurs in about 1/700.
- 14. Wound leak** requiring an operation to repair the wound occurs in about 1/700.
- 15. Diabetic Eye Disease** may progress after surgery even if not evident before surgery. While this may have occurred even if surgery was not performed, the likelihood of this progressing depends on the duration of diabetes and to what extent your eye has been affected by diabetes.
- 16. Cyst formation** that develops after surgery on the white of the eye may lead to eye irritation enough to require minor surgery to remove it in 1/1000.
- 17. Removal of the intraocular lens** is rarely required after surgery and the chance of needing this and not replacing it with another IOL is less than 1/1000.
- 18. Complete loss of vision or vision worse than prior to surgery** is a risk with cataract surgery. As stated above, this is very rare and occurs in less than 1/1000.
- 19. Anisometropia** (unequal refractive errors in the two eyes). Since only one eye will undergo surgery at a time, you may experience a period of imbalance between the two eyes. This usually cannot be corrected with spectacle glasses because of the marked difference in the prescriptions, so you may temporarily have to wear a contact lens in the non-operated eye or function with only one clear eye for distance vision. Surgery in the second eye can usually be done within 4 weeks, once the first eye is stabilized.

**GENERAL CONSENT FOR MEDICAL AND SURGICAL PROCEDURES PERFORMED
AT M/S SURGERY CENTER**

Name:

Date of Birth:

You have been given information about your condition and the recommended medical or surgical procedure to be performed at M/S Surgery Center. This consent form is designed to provide a written confirmation of such discussions by recording some of the more significant medical information given to you. It is intended to make you better informed so that you may give or withhold your consent to the proposed procedure(s).

Condition: My doctors have explained to me that the following condition(s) exist in my case: **Cataract**

Proposed Procedure(s): I understand that the procedure(s) proposed for evaluating and treating my condition is:

Cataract Extraction with Intraocular Lens Placement

Eye:

Surgeon:

Risks/Benefits of Proposed Procedure(s):

- Just as there may be benefits to the procedure(s) proposed, I also understand that medical and surgical procedures involve risks. These risks include allergic reaction, bleeding, blood clots, infections, adverse side effects of drugs, blindness, and even loss of bodily function or life, as well as risks of transfusion reactions and the transmission of infectious disease, including Hepatitis and Acquired Immune Deficiency Syndrome, from the administration of blood and/or blood components.
- I also realize that there are particular risks associated with the procedure(s) proposed for me and that these risks include, but are not limited to, those enumerated in the addendum.

Complications; Unforeseen Conditions; Results: I am aware that in the practice of medicine, other unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure(s) unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorize such procedures to be performed. I further acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment.

Acknowledgments: The risks, benefits and alternatives, including the likely result without such treatment, have been explained to me. I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers.

Consent to Procedure(s) and Treatment: Having read this form and talked with the physicians, my signature below acknowledges that: I voluntarily give my authorization and consent to the performance of the procedure(s) described above (including the administration of blood and disposal of tissue) by my physician and/or his/her associates assisted by nursing staff, personnel and other trained persons as well as the presence of observers at **M/S Surgery Center, LLC**.

Patient's Signature (or person authorized to sign for patient)

Date

Witness

Date

INFORMED CONSENT FOR ANESTHESIA

Name:

Date of Birth:

The following is provided to inform patients of the choices and risks involved with having treatment under anesthesia. This information is not presented to make patients more apprehensive but to enable them to be better informed concerning their treatment. The majority of eye surgeries are performed under local anesthesia administered by the eye doctor. An anesthesiologist is also present to monitor the vital signs and administer intravenous sedation, a technique known as Monitored Anesthesia Care (MAC). However, I acknowledge that in certain cases, additional general anesthesia may be needed to insure my comfort and safety.

The most frequent side effects on intravenous infusion are drowsiness, nausea and vomiting. Most patients remain drowsy or sleepy following their surgery for the remainder of the day. As a result, coordination and judgement will be impaired. It is recommended that adults refrain from activities such as driving and children remain in the presence of a responsible adult. Nausea and vomiting following anesthesia will occur in 15-30% of patients.

I have been informed and understand that occasionally there are complications of the drugs and anesthesia including but not limited to: pain, hematoma, numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, stroke, brain damage, respiratory arrest and heart attack. I further understand and accept the risk that complications may require hospitalization and even may result in death. Risks of complications involving local block include but are not limited to: allergic reaction, pain, hemorrhage, ocular injury/perforation, or nerve injury/damage.

I understand that anesthetics, medications, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the anesthesiologist of the possibility of being pregnant or a confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For the same reason, I understand that I must inform the anesthesiologist if I am a nursing mother.

Medications, drugs, anesthetics, and prescriptions may cause drowsiness and loss of coordination that can be increased by the use of alcohol or other drugs. I have been advised not to operate any vehicle or hazardous device for at least twenty-four hours following anesthesia, even if feeling fully recovered from the effects of the anesthetic, medications, and drugs.

PATIENT'S STATEMENT OF ACCEPTANCE AND UNDERSTANDING

I hereby authorize anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. All my questions have been answered to my satisfaction. I have read this informed consent form (or it has been read to me). I consent, authorize, and request the administration of such anesthetic or anesthetics (local to general) by any route that is deemed suitable by the anesthesiologist, who is an independent contractor. I have been advised of and understand the risks, benefits and alternatives of local anesthesia, monitored anesthesia care and general anesthesia. I accept the possible risks and dangers. It is also understood that the anesthesia services are completely independent from the operating surgeon's procedure.

Patient's Signature (or person authorized to sign for patient)

Date

Witness

Date

Name:

Date of Birth:

YOUR UPCOMING SURGERY INFORMATION

Your Surgery Date:

Your Surgery Arrival Time:

Location: M/S Surgery Center

Telephone:

Surgeon:

Expect your stay to be between 1 to 3 hours.

Please call our surgery center if you are unable to keep your surgery date.

GETTING READY FOR EYE SURGERY

- **PLEASE do not eat or drink anything after 11pm the night before your surgery.**
- It is advisable to shampoo your hair the day before your surgery.
- Wear loose, comfortable clothing; something easy to slip in and out of. Slip-on shoes are encouraged.
- Do not wear any make up or jewelry and leave your valuables at home.
- Dentures may be kept in.

DRIVING

- Please plan on having a driver bring you and pick you up on the day of your surgery. Make sure to provide our staff the phone number of the person driving you, so we may call when you are ready to be picked up.
- You will not be allowed to drive yourself home.
- If you are coming to your surgery alone, ride-sharing services, such as Uber and Lyft, are not acceptable forms of transportation and will result in the cancellation of your surgery. If using a transportation service, it must be classified for medical use to ensure your overall safety.
- You may need assistance after your surgery. If possible, arrange for someone to help when you get home.
- **No driving for 24 hours after surgery.**

USING EYE DROPS

You will have 3 different eye drops to use for 3 days before surgery in the RIGHT eye.

Vigamox eye drops (antibiotic eye drops). It may be substituted with **Moxifloxacin 0.5%, Ciprofloxacin 0.3%, or Ofloxacin 0.3%.** **(Place one drop in the right eye 3 times a day for 3 days before the surgery)**

Durezol eye drops (steroid eye drops). It may be substituted with **Pred Forte 1%, Prednisolone 1% or Inveltys 1%.** **(Place one drop in the right eye 3 times a day for 3 days before the surgery)**

BromSite eye drops (anti-inflammatory eye drops). It may be substituted with **Ilevro 0.3%, Nevanac 0.1%, Bromfenac 0.7%, or Ketorolac 0.5%.** **(Place one drop in the right eye 3 times a day for 3 days before the surgery)**

- Shake the bottles really well before you use them.
- Only use the drops in the eye that will be operated on and avoid getting drops in your other eye.
- It doesn't matter which eye drop you put in first.
- **PLEASE BRING IN ALL OF YOUR EYE DROPS THE DAY OF SURGERY AND THE DAY AFTER SURGERY.**
- You will continue to use the eye drops after the surgery until all 3 bottles are empty.

YOUR PRESCRIPTION AND OVER THE COUNTER MEDICATIONS

HEART AND BLOOD PRESSURE MEDICATIONS

- You may take your heart or blood pressure medications the morning of your surgery. Take it with only a sip of water.

DIABETIC MEDICATIONS

- Do not take any diabetic medications (oral or injectable) on the morning of your surgery, unless told otherwise.
- Bring your diabetic medications with you. You may resume them immediately after the surgery.

BLOOD THINNERS / PAIN /and ARTHRITIS MEDICATIONS

- Please tell us about any blood thinning medication you are taking, including any Aspirin, Motrin, Advil or Ibuprofen. We will advise you on the proper use of these medications prior to surgery.
- It is okay to use Tylenol.

GLAUCOMA MEDICATIONS

- YOU WILL CONTINUE your glaucoma eye drops throughout this entire process, just as you have been. Please use them the days before your surgery, on the day of surgery, and following your surgery unless directly instructed otherwise by your doctor.

OTHER MEDICATIONS:

 Notify us before your surgery if you are taking any of the following:

- Herbal supplements, vitamins, or special teas/drinks.
- Antidepressants, antibiotics or any other medication.
- Medications that are administered via a patch on your skin.

Place all of the medications that you currently take in a bag including your eye drops and bring them with you to surgery. Your admitting nurse needs to know exactly what medications you take each day.

I have read and received a copy of these instructions.

Patient's Signature (or person authorized to sign for patient)

Date

Witness

Date

Name: _____

Date of Birth: _____

PATIENT RIGHTS AND RESPONSIBILITIES

M/S Surgery Center has adopted the following list of Rights and Responsibilities for patients:

PATIENT RIGHTS

- ◆ Exercise these rights without regard to sex or cultural, race, economic, educational, or religious background or the source of payment for his/her care.
- ◆ Treated with respect, consideration, and dignity.
- ◆ Provided with appropriate personal privacy, care in a safe setting, and free from all forms of abuse and harassment.
- ◆ Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians who will see him/her.
- ◆ Receive information from his/her physician about his illness, his/her course of treatment and his prospects for recovery in terms that he/she can understand.
- ◆ Receive as much information from his/her physician about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies this information shall include a description of the procedure or treatment, the medically significant risks involved in each, and to know the name of the person who will carry out the procedure or treatment.
- ◆ Actively participate in decisions regarding his/her medical care to the extent permitted by law, this includes the right to refuse treatment or change his/her primary physician.
- ◆ Disclosures and records are treated confidentially, except when required by law, patients are given the opportunity to approve or refuse their release.
- ◆ Information for the provision of after-hour and emergency care.
- ◆ Information regarding fees for service, payment policies and financial obligations.
- ◆ The right to decline participation in experimental or trial studies.
- ◆ The right to receive marketing or advertising materials that reflects the services of the Surgery Center in a way which is not misleading.
- ◆ The right to express their concerns and receive a response to their inquiries in a timely fashion.
- ◆ The right to self-determination including the right to accept or to refuse treatment and the right to formulate an Advance Directive.
- ◆ The right to know and understand what to expect related to their care and treatment.

PATIENT RESPONSIBILITIES

- ◆ Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- ◆ Ask for an explanation if you do not understand papers you are asked to sign or anything about your own or your child's care.
- ◆ Gather as much information as you need to make informed decisions.
- ◆ Be available so staff can teach you how to care for yourself or your child; we want to share our knowledge with you, but you must be prepared to learn.
- ◆ Follow the care prescribed or recommended for you or your child by the physicians, nurses, and other members of the health care team; remember, if you refuse treatment or do not follow instructions, you are responsible for your actions.
- ◆ Respect the rights and privacy of others.
- ◆ Assure the financial obligations associated with your own or your child's care are fulfilled.
- ◆ Responsible for being respectful of his/her personal property and that of other persons in the Surgery Center.
- ◆ Take an active role in ensuring safe patient care. Ask questions or state concerns while in our care, if you don't understand, ask again.
- ◆ Provide a responsible adult to transport you home from the facility and remain with you for 24 hours if required by your provider.
- ◆ Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.

PATIENT CONCERNS AND/OR GRIEVANCES

Persons who have a concern or grievance regarding MIS Surgery Center, including but not limited to, decisions regarding admission, treatment, discharge, denial of services, quality of services, courtesy of personnel or any other issue are encouraged to contact the Administrator or write a statement to:

Director of Quality Assurance
M/S Surgery Center, L.L.C.
3510 Martin Luther King Jr. Blvd,
Lynwood, CA 90262
(310) 638-9391, ext. 412

MIS Surgery Center is Medicare Certified and is accredited by the Joint Commission. Any complaints regarding services provided at M/S Surgery Center can be directed in writing or by telephone to:

California Department of Public Health
District Manager
Richmond, CA 94804-6403
(510) 307-8409

OR
Fax: (630) 792-5636
(Office of Quality Monitoring)
(800) 994-6610

OR

Medicare patients should visit the website below to understand your rights and protections.

<http://www.cms.hhs.gov/center/ombudsman.asp>

ADVANCE DIRECTIVES

An "Advance directive" is a general term that refers to your oral and written instructions about your future medical care, in the event that you become unable to speak for yourself. Each state regulates the use of advance directives differently. There are two types of advance directives: a living will and a medical power of attorney. If you would like a copy of an advance directive form, visit www.oag.ca.gov/consumers/general/adv_hc_dir

M/S SURGERY CENTER'S ADVANCE DIRECTIVE POLICY

The majority of procedures performed at M/S Surgery Center are considered to be of minimal risk. Of course, no surgery is without risk. You and your surgeon will have discussed the specifics of your procedure and the risks associated with your procedure, the expected recovery and the care after your surgery.

It is the policy of MIS Surgery Center, regardless of the contents of any advance directive or instructions from a health care surrogate or attorney in fact, that if an adverse event occurs during your treatment at M/S Surgery Center, the personnel at M/S Surgery Center will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive, or health care power of attorney.

NOTICE OF PHYSICIAN OWNERSHIP

M/S Surgery Center is wholly owned by Dr. H. John Shammass and Dr. Maya Shammass

I received information on patient rights, patient responsibilities, physician disclosure, advance directive policy and grievance policy at least one day in advance of my surgery.

Patient's Signature (or person authorized to sign for patient)

Date

Witness

Date

UNDERSTANDING YOUR FINANCIAL RESPONSIBILITY

Name:

Date of Birth:

Your physician has selected *M/S Surgery Center, LLC*, a state of the art Ambulatory Surgical Center (ASC) as the facility to perform your surgery/procedure. We place our highest priority on the care of our patients. We understand that the logistics of having a surgery/procedure performed can be very stressful. This sheet is provided to help you better understand your financial obligations. In most cases you may receive statements and bills from the following

PHYSICIAN:

Performing physician

The professional fees charged by the physician who performs your surgery/procedure. He or she may be contracted with your insurance company. Your physician makes every effort to determine your financial responsibility to them, prior to your date of service. However total amounts due cannot be determined until final adjudication by your insurance company. Co-payments, Deductibles or patient portions may apply.

FACILITY FEES:

M/S Surgery Center, LLC

You and your physician have decided to have this out-patient surgery/procedure performed in an ASC in lieu of a hospital. Just like a hospital, there are fees charged for the use of the facility. Prior to your date of service *M/S Surgery Center, LLC* will make every effort to discern what amount you will owe **the facility** at the time of service. However total amounts due cannot be determined until final adjudication by your insurance company. Co-payments, Deductibles or patient portions may apply.

ANESTHESIA:

Consulting Anesthesia Provider

During your surgery/procedure M/S Surgery Center, LLC has contracted with certain anesthesia care providers to perform the necessary anesthesia services. The anesthesia care providers are contracted with most insurance company's your physician is providing services for. They bill separately for their services and in certain cases, total amounts due cannot be determined until final adjudication by your insurance company. Co-payments, Deductibles or patient portions may apply.

DIAGNOSTIC TESTING: Quest Diagnostic or Lab Corp

In some cases an outside service is used to process specimens obtained during surgery, such as a biopsy or tissue removed from the eye. This does not apply to cataract surgery. These companies are usually contracted with your insurance, however co-payments, deductible and patient portions may apply.

PREMIUM LENS:

You and your physician may decide to implant a premium *Toric or Restor Lens* during your cataract operation. The fee you pay for this lens is independent from any and all of the above listed items.

Date of Service:

Facility Co-Payment: \$ _____ Other Item: \$ _____ Description _____

In signing this document you agree that this is the amount due at the time service is provided. If you are unable to pay this amount, please contact our office as soon as possible.

Patient's Signature (or person authorized to sign for patient)

Date

Witness

Date

ACKNOWLEDGMENT OF RECEIPT OF CONSENT FORMS

I have been offered a copy of my:

- Surgical Consent Form
- The M/S Surgery Center Consent Form
- The Anesthesia Consent Form
- The Pre-operative Instructions with the TIME and DATE of my surgery
- The form explaining my Rights and Responsibilities
- The form explaining my financial responsibilities

Patient's Signature (or person authorized to sign for patient)

Date

Witness

Date