Completing Your Online Patient Pre-Admission The Retina Surgery Center

1750 112th Avenue Northeast, Suite D050, Bellevue, WA 98004 • (425)732-3015

The Retina Surgery Center offers patients the convenience and privacy of a secure, online registration process. If you are a new patient to our center, please go online today to complete your registration using the login information below. You will be asked about your health history, medications, and previous surgeries. If you are a returning patient, please update your online form. It's important to complete or update your online registration as soon as possible so that your medical team will have time to review your information prior to your visit. We will call you if we have any questions or concerns. We look forward to seeing you soon!

| New Patients 1. Go online to: www.simpleadmit.com 2. Go to: "Patients Start Here." 3. Enter the following password: RET206NEW Date Procedure Surgeon Please complete your online questionnaire as soon as possible. A nurse will call you if necessary. |
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Returning Patients

If you received an email with login instructions:

- 1. Click the web page link in the email. You will be redirected to a login page.
- 2. At the login page, your **Access Token** will be entered automatically.
- 3. Enter your date of birth using the "**MM/DD/YYYY**" format.
- 4. After entering your Date of Birth, click "**Resume**". You can then review and modify your most recent health history form.

If you printed or saved your login instructions:

- 1. Go online to: theretinasc.simpleadmit.com
- 2. Follow the link: "Patients Start Here."
- 3. Enter your secure **Access Token** that you saved or printed.
- 4. Enter your date of birth using the "**MM/DD/YYYY**" format.
- 5. After entering your Access Token and Date of Birth, click "**Resume**".

You can then review and modify your most recent health history form.

*Please note, you would only have the Access Token if you have previously completed the online preadmission form and either printed or saved your Access Token or entered your e-mail address requesting that the token be emailed to you. The token is sent to the e-mail address you provided. If you no longer have your Access Token, please contact the facility at (877) 848-4726.





<u>A Patient's Guide:</u> <u>Preparing for your Eye Surgery</u>

A responsible adult shall accompany the patient to the surgery center for the duration of their procedure and recovery. We advise the patient to have assistance for 24 hours following surgery.

Your Scheduled Appointment Times

A Pre-Surgery History & Physical Exam must be scheduled by you with your Primary Care Provider within 30 days before your surgery (<u>NO</u> telehealth/zoom visits accepted)

| Pre-Operative Clearance Exam by Primary Care | | | |
|----------------------------------------------|--------|--|--|
| <u>Physician</u> or | PA-C*: | | |
| Date/Time | | | |

Ultrasound Eye Measurement (A-scan) – for cataracts only*: Date/Time:

* Separate charges apply for Pre-Operative Clearance Exam and tests performed

before and after your surgery. They are not included in your surgery cost.

| Scheduled Surgery Date: | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------|--|--|
| Date: | Doctor: | | | |
| Tentative Check-In Tir | me: | | | |
| Please check in at The Retina Surgery Center, which is located next door to the Pacific Northwest Retina Bellevue Clinic. 1750 112 th Avenue NE Suite D050 Bellevue, WA 98004 | | | | |
| To reschedule or cancel | your surgery call Sched | uling Office: 206-215-3856 206-812-9474 | | |
| Post-Operative Appointments: | | | | |
| Next Day Follow Up: | | | | |
| Date/Time: | Doctor: | Location: | | |
| <mark>One Week Follow Up:</mark> | | | | |
| Date/Time: | Doctor: | Location: | | |
| <mark>One Month Follow Up:</mark> | | | | |
| Date/Time: | Doctor: | Location: | | |

To schedule Post-OP or other appointments call main line: 206-215-3850



Pre-Operative Instructions

The Day Before Surgery

- The surgery check-in time that has been given to you is tentative. Please call the surgery center a day prior to your surgery to verify your check-in time at (425) 440-0180 the RSC Front Desk.
- Review pre-operative dietary instructions.
- STOP eating all solid foods or liquids, you cannot see through, by MIDNIGHT the night before.

The Morning of Your Surgery

- You may brush your teeth and use mouthwash. Please take a shower, however, hair and skin should be free of personal-care products such as hairspray, perfume, gels, aftershave, facial creams, make up, oils, lotions or hair conditioners.
- Do not wear contact lenses.
- On the day surgery, please wear a short-sleeved shirt and pants that are loose fitting in the legs.
- DO NOT consume any food (no mint, no chewing gum), DO NOT drink liquids, you cannot see through, for eight hours before your scheduled arrival time.
- You may drink water up to two hours before your scheduled arrival time.
- DO take your usual prescribed medicines, unless otherwise instructed.

If You Have Diabetes:

- DO NOT take oral Diabetes medications the morning of surgery.
- If You Take Insulin:
 - Take your usual dose of long-acting insulin the night prior to surgery. If you take long-acting insulin in the morning, take $\frac{1}{2}$ the usual dose the morning of surgery.
 - DO NOT take your short-acting insulin the morning of surgery.
 - If you have an insulin pump, continue at your usual basal infusion rate.
 - (Bring your insulin and your supplies with you).

For questions about Pre-Op Instructions above call (425) 732-3015 or (425) 732-3013. For questions about your procedure and recovery call your surgeon at (206) 215-3850.

Arrival & Departure

- You may be at the surgery center for up to 4 hours from the time you arrive at the center. Please be aware there might be additional waiting time if surgeries scheduled before yours take longer than expected.
- The person who drives you to the surgery center MUST wait at the surgery center for the duration of your surgery. Due to limited seating in the waiting area, please try to have only one chaperone with you and no minors if possible. Additional seating is available in Building Lobby 3 and 4.
- You MUST have an adult chaperone to accompany you home from surgery and stay with you for the rest of the day.
- You may NOT drive yourself or travel home by public transportation. You may take a taxi, only as long as you have an adult chaperone.



<u>Pre-Operative</u> Medication Instructions

Unless instructed otherwise by your surgeon or anesthesiologist, please follow these guidelines for taking medicine before surgery.

One Week Before Surgery:

STOP taking the following medication unless otherwise directed by your physician:

- Aspirin
- Plavix
- Anacin
- Ticlid

• Excedrin

• Alka-Seltzer

Aggrenox

• If you are taking Warfarin or Coumadin check with your prescribing physician about stopping this drug.

Two Days Before Surgery:

STOP taking all non-steroidal, anti-inflammatory medications such as:

- Celebrex
- Diclofenac
- Ibuprofen (Motrin, Advil)
- Meloxicam (Mobic)
- Nabumentone (Relafen)

On The Morning Of Surgery:

- DO NOT take digitalis medications such as Digitek, Digoxin or Lanoxin.
- DO take, with a small sip of water, prescribed medications that you usually take in the morning (except for any of those listed above).
- **CARDIAC DEVICE:** If you have a pacemaker or internal defibrillator, it is VERY IMPORTANT to do the following:
 - Notify your heart doctor that you are going to have surgery.
 - When you call the Surgery Center tell the nurse that you have one of these heart devices.
 - Bring the following to the Surgical Center:
 - The name and telephone number of your heart doctor.
 - The identification card for your medical device.

Medication Instructions Before Your Surgery:

- Take only prescribed medications the day of surgery.
- Do not take your diuretic (water pills) and potassium until the afternoon.
- Do NOT take any non-prescription medicines, vitamins, herbal medicines or any other supplements.
- If you have asthma, USE your inhaler on the morning of surgery.

- Naproxen (Aleve)
- Naprosyn (Anaprox)
- Piroxicam (Feldene)
- and supplements such as ginseng, ginko or garlic.

• Fiorinal



Anesthesia Care

What is anesthesia?

Anesthesiology is the practice of medicine in which special drugs are used to cause your entire body - or part of your body - to be insensitive to pain. Anesthesia will enable you to tolerate a surgical or invasive medical procedure comfortably. Today's anesthesia practices allow a greater degree of safety and comfort than ever before, enabling a smooth start to your healing and recuperation.

Who provides anesthesia?

For questions regarding your anesthesia charges, please contact Matrix Anesthesia, PS at (888) 900-3788 or (425) 407-1500 Patient Line.

Anesthesia care at The Retina Surgery Center is provided by specialty-trained and board certified physician anesthesiologists. They are trained to provide all types of anesthesia and in the delivery of intensive-care medicine. They are highly trained to anticipate and treat side effects of anesthesia and co-existing medical conditions. Some of our anesthesiologists have special interest and training in cardiac, pediatric, obstetric or neurosurgical anesthesia, and in the treatment of chronic pain.

What are the types of anesthesia?

Anesthetics are medicines that temporarily interrupt the transmission of painful nerve impulses to the spinal cord and brain.

General anesthetics work by producing a state of unconsciousness and inhibit the brain's perception of sensations.

Local anesthetics block painful impulses at the nerves that carry pain to the spinal cord and brain.

Sedatives are medicines given by mouth or intravenously that induces a quiet and calm state and may be accompanied by short-term absence of memory.

Narcotics are medicines given by vein and by mouth that decrease pain.

Depending on the nature of your operation and medical condition, your anesthesiologist - in consultation with you- will choose one or a combination, of these anesthetic techniques to optimize your care.

Complications of anesthesia

As with any type of medical care, there are risks associated with surgery and anesthesia. Fortunately, our current technologies enable us to greatly minimize the complications. The potential complications vary with the different anesthesia techniques; therefore, your anesthesiologist will discuss the risks, benefits and alternatives to the different anesthetic options with you as they pertain to you and your operation.

Consulting with your anesthesiologist

On the day of your surgery, you will meet your anesthesiologist, who will review your medical record, clarify any questions about your medical history and perform a physical evaluation. You will then have an opportunity to express your preferences, discuss the plan for your care and have questions answered about the advantages, disadvantages and possible risks of your anesthetic.

Consent for Surgery or Other Invasive Procedural Treatment Form you sign prior to your surgery includes the consent to the administration of anesthesia by an anesthesiologist which acknowledges your understanding and acceptance of the agreed upon anesthetic management of your procedure.

In the recovery room, you will be cared for by specially trained nurses. If you experience pain or nausea, tell your nurse immediately. He or she will be able to treat these conditions effectively. Also, follow your nurse's instructions for deep breathing and coughing.

What to bring:

- Your Driver License/ ID card, your medical and pharmacy insurance cards
- Credit/debit card to pay for possible copayments or medications (see our surgery pre-collection policy)
- Any of the following that may apply:
 - o A list of medications and doses if you haven't already given them to the admission nurse
 - o Inhalers, if you have asthma
 - C-Pap machine and notation of your settings
 - The identification card for any implanted medical device you may have
 - The name and phone number of your heart doctor

Leave all jewelry and other valuables at home

Planning for Your Return Home:

Please plan for your discharge needs with family and/or friends prior to your surgery. You will be at the surgery center for up to 4 hours from the time you arrive, this includes your wait time prior to surgery.

- You MUST have an adult chaperone to accompany you home from surgery and accompany you through the rest of the day.
- The person who drives you to the surgery center must wait at the surgery center for the duration of your surgery. Receptionist will ask for the driver/chaperone's name and cell phone number.
- You may NOT drive yourself or travel home by public transportation. You may take a taxi, only as long as you have an adult chaperone.

Your surgery may be cancelled or postponed if instructions are not carefully followed

Changes in Your Health

Tell your surgeon if you experience any major change in your health before your surgery. Such changes may include a cold, flu, fever, infection, and diarrhea or medication changes; any COVID-19 like symptoms.

Questions?

Please contact The Retina Surgery Center at (425) 440-0180 Front Desk, Mon - Fri 7 AM – 3 PM;

Pre-Op instructions (425) 732-3015 Mon - Fri 7 AM - 3:30 PM; or (425) 732-3013;

For questions about your procedure and recovery call your surgeon at (206) 215-3850.

After-hours line 1(800) 331-3719.



Pacific Northwest Retina Clinic Locations

Bellevue Office

1750 112th Avenue NE, Suite D050

Bellevue, WA 98004

Seattle Nordstrom Medical Tower

1229 Madison St, Suite 620

Seattle, WA 98104

Mountlake Terrace Office

6100 219th Street SW, Suite 280

Mountlake Terrace, WA 98043

Kent Station Office

321 Ramsay Way, Suite 107

Kent, WA 98032

Burlington Office

215 East George Hopper Road

Burlington, WA 98233

Bellingham Office

3105 Old Fairhaven Parkway, Suite C

Bellingham, WA 98225

Ellensburg

2205 W Dolarway Rd, Suite 2

Ellensburg, WA 98926



Accommodations

For your convenience, when you need accommodation arrangements, here are nearby hotels. Inquire with the hotel if they offer shuttle service to The Retina Surgery Center.

Hotel 116, a Coast Hotel - Bellevue

625 116th Avenue NE

(425) 455-9444

The Westin Bellevue

600 Bellevue Way NE

(425) 638-1000

Courtyard Marriott Bellevue

11010 NE 8th Street

(425) 454-5888

The Red Lion Bellevue

11211 Main Street

(425) 455-5240

Bellevue Sheraton

100 112th Avenue NE

(425) 455-3330

La Quinta Kirkland

10530 NE Northup Way

(425) 828-6585



Patient Rights and Responsibilities

This facility and medical staff have adopted the following list of patient rights and responsibilities. This list includes, but is not limited to:

PATIENT RIGHTS

- Impartial treatment without regard to race, color, sex, national origin, religion, sexual orientation, handicap or disability.
- To be treated with dignity and respect, to receive secure and safe care and to be protected from abuse, harassment and neglect and have knowledge of and access to protective services. To complain about their care and treatment without fear of retribution or denial of care.
- Knowledge of the name and professional status of those caring for you.
- To receive information from the surgeons about your diagnosis, treatment plan, prognosis, and any unanticipated outcomes, to the best of the physicians' knowledge. You have the right to be informed and agree to your care. You have the right to spiritual care and communication and if communication restrictions are necessary for your care and safety, we will document and explain the restrictions to you or your family.
- To participate actively in decisions regarding your medical care including being involved in resolving problems and unanticipated outcomes related to you your care. Families will have input in care decisions in accordance with legal directives and court orders. To the extent permitted by law, this includes the right to refuse treatment. If the patient is adjudged incompetent or the patient has designated a legal representative or a family member, the person appointed/designated shall fully participate in decisions regarding the patient's care.
- Full consideration of privacy concerning your medical care program. Case discussion, examination and treatment are confidential and should be conducted as discretely as possible.
- To be asked if you have an Advance Directive and if so, for it to be prominently placed in your chart.
- To be advised that should an unexpected life threatening event occur, you will receive resuscitative or other stabilizing measures and be transferred to an acute facility that will order additional treatment according to your wishes in your Advance Directive.
- Confidential treatment of all communications and records pertaining to care. Written permission shall be obtained before medical records can be made available to anyone not directly concerned with your care.
- Responsible responses to any reasonable request for service.
- To leave the facility even against medical advice and to change providers if another qualified provider is available.
- To expect reasonable continuity of care.
- To be advised if the physician proposes to engage in or perform experimentation affecting your care or treatment and the right to refuse to participate in this activity without hindering access to care.
- To be informed of the continuing health care requirements following discharge from the center.
- Examine and receive an explanation of a bill for service, regardless of source of payment.
- To report any comments or complaints concerning the quality of care provided to you and for the facility to provide a prompt resolution within fourteen (14) business days to your comment or complaint. In the event, after reasonable attempts have been made, that a resolution is not achieved within fourteen (14) business days, then you will be notified when you can expect a resolution.

PATIENT RESPONSIBILITIES

- To provide accurate and complete information concerning your present complaints, past medical history and other matters relating to your health.
- To make it known whether you clearly comprehend the course of treatment and what is expected of you.
- For following the treatment plan established by the physician, including the instructions of nurses and other health care professional as they carry out the physicians' orders.
- To keep your appointments and notifying the facility if unable to do so.
- To provide a responsible adult to drive you home from the facility and stay with you for 24 hours after surgery.
- For assuring that the financial obligations of your care is fulfilled as promptly as possible.
- For being considerate of the rights of other patients and facility personnel.

FEEDBACK

Our goal is to provide the best surgical experience possible while in our Ambulatory Surgery Center. Patients, clients, families or visitors have the right to express complaints or concerns about any aspects of their care or experience with our ASC without fear of discrimination or reprisal. Please be assured that expressing a complaint or concern will not compromise your care and will be addressed according to our policy. Concerns may be directed to any facility staff or the ASC Manager, or you may mail your comments to us. If you feel it is necessary, complaints may also be shared with: WASHINGTON STATE DEPARTMENT of HEALTH, HSQA COMPLAINT INTAKE, P.O. BOX 47857, OLYMPIA, WA 98504-7857, 360-236-4700, 1-800-633-6828, 360-236-2626(fax) HSQAComplaintIntake@doh.wa.gov or OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN, 1-800-MEDICARE (1-800-633-4227), www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html.

STATEMENT OF PHYSICIAN FINANCIAL INTERESTS OR OWNERSHIP

A. Samuel Barloon, MDRobert R. Francis, MDTodd R. Klesert, MDDavid A. Saperstein, MDTony Huynh, MDCharles D. Birnbach, MDSteve H. Kim, MDRobert W. Nash, MDCindy Mi, MDYicheng Chen, MDYour physician has an ownership interest in Pacific Northwest Retina which includes the surgery center at which you are having

Your physician has an ownership interest in Pacific Northwest Retina which includes the surgery center at which you are having your procedure. As with all your care, you may request to have your procedure performed at another facility where your surgeon has privileges to practice.





A. Samuel Barloon, MD Charles D. Birnbach, MD Yicheng Chen, MD Robert R. Francis, MD Tony H. Huynh, MD Steve H. Kim, MD Todd R. Klessert, MD Cindy W.Mi, MD Robert W. Nash, MD David A. Saperstein, MD Amy Yuan, MD

1750 112th Ave NE, Ste. D050, Bellevue, WA 98004

Phone: 206-215-3850 Fax: 2

0 Fax: 206-215-3870

SURGERY PRE-COLLECTION POLICY

Pacific Northwest Retina, PLLC (PNR) and The Retina Surgery Center, LLC (TRSC) have a surgery pre-collection policy for charges associated with your procedure. Please review and contact our office with any questions prior to your scheduled procedure. Billing Office direct line is 425-296-3833.

Services Covered by This Policy

- Facility fees. These are the charges for surgeries performed at the Retina Surgery Center and cover the cost of the facility, staff, and equipment; and
- Professional fees. This is the fee paid to your surgeon. It will be billed even if the surgery is done at a hospital (in this situation the hospital will charge its own facility fee). Clinic laser procedures fall under this category.

Services NOT Covered by This Policy

The anesthesia services for surgeries performed at The Retina Surgery Center. You will receive a separate bill from Matrix Anesthesia and will have to comply with their financial policy for these services. If you have questions regarding your anesthesia bill, please contact Matrix Anesthesia, PS at (888) 900-3788 or (425) 407-1500 Patient Line

Policy

When you are scheduled for a surgery or a laser procedure, a benefit determination estimate is prepared by a billing representative to identify your total out-of-pocket expenses (OPE). The OPE may include the deductible, copayment, and/or co-insurance amounts determined by your medical insurance payer. If you do not have insurance, the OPE will reflect the self-pay balance, not including the anesthesia services. You will receive a copy of the estimate by mail no later than one week prior to surgery. If your surgery is scheduled within two weeks a billing representative will attempt to contact you by phone to review the estimate with you, answer any questions, and collect the payment. *Please note, when the surgery is scheduled within 3 business days from the date of the procedure, the out-of-pocket estimate may be reviewed with the patient during surgery check-in.* You are responsible for payment of the entire estimated out-of-pocket balance up to three days prior to surgery.

Methods of payment are debit/credit card, check, or money order/cashier checks made payable to:

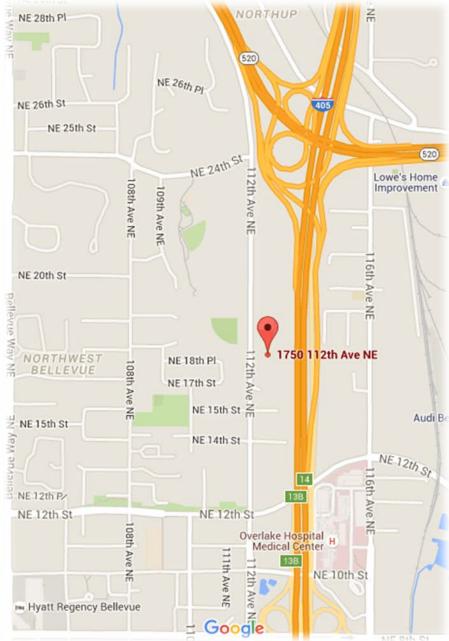
Pacific Northwest Retina. Please note that we do not accept CareCredit.

Any checks mailed must be <u>received</u> by our office no later than three days prior to surgery. Mailing address: 1750 112th Ave NE, Ste. D050, Bellevue, WA 98004

Alternative Payment Options

- Up-to 3-month payment plan may be granted when a minimum of a 50% down payment requirement is met. A 5% financing fee will be applied to the financed portion. *All payment plan arrangements <u>require</u> a credit card on-file and must be set up prior to surgery.*
- Upon agreement to a payment plan a copy of the payment plan and payment plan checklist must be signed and returned to the billing office in order for the payment plan to be valid.
- **Retina Surgery Center surgeries:** an alternative is to perform your surgery in a local hospital. Some hospitals have facility fee cost-assistance programs for those with a demonstrable financial need. Your surgery can be rescheduled at the local hospital. Please be advised that the hospital facility fees are much higher than the facility fees for the surgeries performed at an ambulatory surgery center. Your Pacific Northwest Retina physician's professional fees will remain separately billed and subject to this surgery pre-collection policy.

When payment arrangements are not made in advance of your surgery, it may lead to cancellation of your surgery date.



From the North

- Take I-405 South
- Take the NE 8th St WEST exit 13B
- Exit onto NE 8th and get in the right lane
- At first light, turn right onto 112th Ave
- Drive north on 112th Ave, past 15th St, and turn right into the Hidden Valley Office Park driveway
- Follow down the hill and veer to the left (We are the 2nd building on the left, next to Bld. #4)

From Highway 520

- Take 520 East (from Seattle) or West (from Redmond) to the 405 Exits
- Take 1-405 South (towards Bellevue) and follow the Southbound directions above

The Retina Surgery Center

at Hidden Valley Office Park 1750 112th Ave NE Suite D 050-B Bellevue, Washington 98004

Driving Directions

From the South

- Take I-405 North
- Take NE 4th Exit, stay in far right lane for NE 8th St
- Follow exit to NE 8th St West and cross freeway bridge
- At first light, turn right onto 112th Ave NE
 - Drive North on 112th, past NE 15th St, and turn right into the Hidden Valley
 Office Park driveway
- Follow down the hill and veer to the left (We are the 2nd building on the left, next to Bld. #4)