




EYE CARE ARKANSAS, P.A.

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9800 Baptist Health Drive, Suite 301
Little Rock, AR 72205-6229
501-225-4488 phone
501-225-9299 fax

Thank you for choosing Eye Care Arkansas. We are honored to care for your vision and eye health. We want you to be well informed when you make your decision for cataract surgery. We are including general and financial information on cataracts for you to keep. **The other is new patient paperwork for you to complete everything on those forms and send them back in the envelope provided.** If you wear contact lenses you need to be out of them at least 2 weeks prior to your appointment. If you are unable to make this appointment we would appreciate a 24 hour notice. We look forward to seeing you!

Thanks!
Paula

Financial Information for Cataract Surgery

You will have 3 different charges for your surgery:

Eye Care Arkansas 501-225-4488 (Dr Robert Berry
Surgeon's fees)

Fair Park Surgery Center 501-907-0970
(Facility fees)

Nurse Anesthetist Professionals 501-771-4370
(Anesthesia)

- In most cases, Medicare pays 80% of the approved cost of cataract surgery and you are responsible for the remaining 20% (we will bill your secondary insurance for you. Please tell us if you have secondary insurance coverage.)
- For commercial insurances your cost will depend on your specific plan, deductible, co-insurance and co-pays.
- The procedure code we use for a cataract surgery is 66984. You may call your insurance company and give them this code. They should be able to give you an idea of how much it will cost.

For self pay please contact our office prior to your appointment. You may contact us through our website www.eyecarearkansaspa.com or you may go to our

patient portal and send us secure messages. You may also contact us at the office at 501-225-4488.

We do offer Care Credit, you may go to the website and apply online. The website is **www.carecredit.com**

We have enclosed some information about cataracts for you to read over. If you have any questions you may contact us through our website **www.eyecarearkansaspa.com**



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Patient Information Sheet: Cataract Surgery And/Or Implantation of an Intraocular Lens

This information is given to you so that you can prepare for the discussion with your eye surgeon. This document will help you understand the risks of cataract surgery. It will also help you decide the type of replacement lens you want. Eyeglasses or contact lenses are usually required for best vision after cataract surgery.

WHAT IS A CATARACT?

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

HOW WILL REMOVING THE CATARACT AFFECT MY VISION?

The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. During the surgery, the ophthalmologist (eye surgeon) removes the cataract and puts in a new artificial lens called an intraocular lens or IOL. The IOL will be left in the eye permanently. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration. Most people still need to wear glasses or contact lens after cataract surgery for either near and/or distance vision and astigmatism.

EXAMINATIONS PRIOR TO SURGERY

If you agree to have the surgery, you will undergo a complete eye examination by your surgeon. This may include an examination to determine your eyeglass prescription (refraction), measurement of your vision with and without glasses (visual acuity), measurement of the pressures inside your eye (tonometry), measurement of the curvature of your cornea (keratometry), ultrasonic measurement of the length of your eye (axial length), intraocular lens calculation (biometry) to determine the best estimate of the proper power of the implanted IOL, microscopic examination of the front part of your eye (slit-lamp examination), and examination of the retina of your eye with your pupils dilated.

NEED TO STOP WEARING CONTACT LENSES PRIOR TO SURGERY

If you wear contact lenses, you must leave them out of your eyes for a period of time before your preoperative eye examination and before your surgery. This is done because the contact lens rests on the cornea and distorts its shape, which can affect the accuracy of the doctor's measurements of the IOL power. When you stop wearing your contact lenses, the corneas can return to their natural shape. Stop wearing both soft and rigid (including gas permeable and standard hard) contacts for at least three weeks. If you wear rigid contacts, your vision will usually vary for a while as your corneas change shape. Although the cornea usually returns to its natural state within three weeks, this process may take longer, and you will need to remain contact lens free until your vision and cornea stabilize.

MORE INFORMATION ABOUT MEASURING YOUR IOL

While the method used to calculate the power of the IOL is very accurate in most patients, the final result may be different from what you and your surgeon planned. As the eye heals, the IOL can shift very slightly toward the front or the back of the eye. The amount of this shift is not the same in everyone, and it may cause different vision than predicted. If the eye's visual power after surgery is considerably different than what was planned, surgical replacement of the IOL might be considered. It is usually possible to replace the IOL and improve the situation. 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.

PRESBYOPIA AND ALTERNATIVES FOR NEAR VISION AFTER SURGERY

Patients who have cataracts have, or will eventually develop presbyopia, which is a condition caused by aging that develops when your eye loses its ability to shift from distance to near vision. Presbyopia is the reason that reading glasses become necessary, typically after age 40, even for people who have excellent distance and near vision without glasses. Presbyopic individuals require bifocals or separate (different prescription) reading glasses in order to see clearly at close range. There are several options available to you to achieve distance and near vision after cataract surgery. This is probably the most important decision you need to make about your cataract surgery, so please take the time to review your options and ask questions.

- **GLASSES.** You can choose to have a monofocal (single focus) IOL implanted for distance vision and wear separate reading glasses, or have the IOL implanted for near vision and wear separate glasses for distance.
- **MONOVISION.** The ophthalmologist could implant IOLs with two different powers, one for near vision in one eye, and one for distance vision in the other eye. This combination of a distance eye and a reading eye is called monovision. It can allow you to read without glasses. Many patients who wear contacts or who have had refractive surgery have monovision and are happy with it. Your surgeon will discuss and demonstrate this option to see if it might work for you.
- **MULTIFOCAL IOL.** The ophthalmologist could implant a "multifocal" IOL. This is a newer, "deluxe" type of IOL that provides distance vision AND restores some or all of your eye's ability to focus. It corrects for both distance vision and other ranges, such as near or intermediate. Choosing this option will usually lead to higher out-of-pocket expenses since most insurance companies only pay for a monofocal (single focus) lens.

MORE INFORMATION ABOUT MONOVISION

In order to have good depth perception, your eyes need to be corrected for any refractive problems such as nearsightedness or farsightedness, and "balanced" for distance. Eye care professionals refer to this as binocular vision. Monovision or "blended" vision can impair depth perception to some extent, because the eyes are not focused together at the same distance. It is important to choose which eye you will use for distance vision. Eye surgeons generally believe that one eye is the dominant one, preferred for viewing. This is similar to people being right- or left-handed. Several tests can be performed to determine which eye is dominant in a particular person. With monovision, the dominant eye is usually corrected for distance, and the non-dominant eye corrected for near. However, a very small percentage of persons may be co-dominant (this is similar to being ambidextrous). In rare circumstances, a person may actually prefer using the dominant eye for near viewing. Your doctor will discuss and try to demonstrate monovision with glasses or even contact lenses to simulate the type of vision you will have after cataract surgery. Because your vision is decreased by the cataract, it is not possible to show you exactly what your postoperative vision will be like. If you would prefer not to have to wear glasses for quick tasks like looking at your cell phone, a menu, a computer, or an invoice, then you might be interested in monovision. Most monovision patients will often be more comfortable wearing glasses to balance their vision for prolonged reading tasks or for driving (especially at night), or for sports like tennis or golf, so you will most likely still need to wear glasses even with monovision. If you have been wearing contacts lens for monovision, you will most likely be happy with this option after cataract surgery. Although many patients will adjust well to monovision, some may find it uncomfortable. For those patients, the monovision can usually be reversed by elective laser vision correction, but this surgery will not be covered by your medical insurance.

INFORMATION ABOUT TREATING ASTIGMATISM

Patients with nearsightedness and farsightedness often also have astigmatism. An astigmatism is caused by an irregularly shaped cornea; instead of being round like a basketball, the cornea is shaped like a football. This change in shape can make your vision blurry. There are several treatment options for astigmatism: 1) you can have an IOL for near or distance vision and continue to wear glasses or contact lens for the astigmatism; 2) you can have a toric IOL placed in your eye, 3) you can have refractive surgery called LASIK or PRK, or 4) your surgeon can perform a procedure before, during, or after cataract surgery called a limbal relaxing incision. A limbal relaxing incision (LRI) is a small cut or incision the ophthalmologist makes into your cornea to make its shape rounder. More than one incision may be required.

ANESTHESIA, PROCEDURE, AND POSTOPERATIVE CARE

The ophthalmologist or the anesthesiologist/nurse anesthetist will make your eye numb with either drops or an injection (local anesthesia). You may also undergo light sedation administered by an anesthesiologist or nurse anesthetist, or elect to have the surgery with only local anesthesia. There are risks associated with anesthesia and sedation. These include injury to the eye, heart and breathing problems, and in very rare cases, death.

An incision, or opening, is then made in the eye. This is at times self-sealing but it may require closure with very fine stitches (sutures) which will gradually dissolve over time. The natural lens in your eye will then be removed. There are several ways to remove the lens; the most common technique is called phacoemulsification, which uses a

vibrating probe to break the lens up into small pieces. These pieces are gently suctioned out of your eye through a small, hollow tube inserted through a small incision into your eye. After your natural lens is removed, 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.

Your eye will be examined the day after surgery by your surgeon or an eye doctor chosen by your surgeon, and then at intervals determined by your surgeon. During the immediate recovery period, you will place drops in your eyes for about 2 to 4 weeks, depending on your individual rate of healing. If you have chosen monovision or a multifocal IOL to reduce your dependency on glasses or contacts, they may still be required either for further improvement in your distance vision, reading vision, or both. You should be able to resume your normal activities within 2 or 3 days, and your eye will usually be stable within 3 to 6 weeks, at which time glasses or contact lenses could be prescribed.

RISKS OF CATARACT SURGERY

All operations and procedures are risky and can result in unsuccessful results, complications, injury, or even death, from both known and unknown causes. The major risks of cataract surgery with implantation of an IOL include, but are not limited to:

1. Mild discomfort. Cataract surgery is usually quite comfortable. Mild discomfort for the first 24 hours is typical, but severe pain is extremely unusual and should be reported immediately to the surgeon.
2. Complications of removing the natural lens may include bleeding (hemorrhage); rupture of the capsule that supports the IOL; perforation of the eye; clouding of the normally clear outer layer of the eye called the cornea (a condition known as corneal edema), which can be corrected with a corneal transplant; swelling in the central area of the retina (called cystoid macular edema), which usually improves with time; retained pieces of lens in the eye, which may need to be removed surgically; infection; detachment of the retina, which is definitely an increased risk for highly nearsighted patients, but which can usually be repaired; uncomfortable or painful eye; droopy eyelid; increased astigmatism; glaucoma; and double vision. These and other complications may occur whether or not an IOL is implanted and may result in poor vision, total loss of vision, or even loss of the eye in rare situations. **Additional surgery may be required to treat these complications. The cost for this additional surgery is not included in the price you pay for the cataract surgery.**
3. Complications associated with the IOL may include increased night glare and/or halos, double or ghost images, and dislocation of the IOL. Multifocal IOLs may increase the likelihood of these problems, so you should think carefully about how these problems might affect your job, your hobbies, and your daily life. In some instances, corrective lenses or surgical replacement of the IOL may be necessary for adequate visual function following cataract surgery.
4. Complications associated with limbal relaxing incisions include damage to the cornea, infection, and fluctuating vision while the incision heals. They can also lead to under- and over-correction; if this occurs, another procedure and/or glasses or contact lenses may be required.
5. Complications associated with local anesthesia injections around the eye include a hole (perforation) of the eye, injury to the optic nerve, interference with the circulation of the retina, droopy eyelid, breathing problems, low blood pressure (hypotension), heart (cardiac) problems, and in rare situations, brain damage or death.

6. If a monofocal (single focus) IOL is implanted, either distance or reading glasses or contacts will be needed after cataract surgery for adequate vision.
7. Monovision may result in problems with impaired depth perception. Choosing the wrong eye for distance correction may result in feeling that things are the "wrong way around." Once surgery is performed, it is not always possible to undo what has done, or to reverse the distance and near eye without some loss of visual quality.
8. Multifocal (multiple focus) IOLs may reduce dependency on glasses but might also result in less sharp vision, which may become worse in dim light or fog. They may also cause some visual side effects such as rings or circles around lights at night. It may be difficult to distinguish an object from a dark background, which will be more noticeable in areas with less light. Driving at night may be affected. If you drive a lot at night, or perform delicate, detailed, "up-close" work requiring closer focus than just reading, a monofocal lens in conjunction with eyeglasses may be a better choice for you. If complications occur at the time of surgery, a monofocal IOL may need to be implanted instead of a multifocal IOL. If you chose a multifocal IOL, it is possible that not all of the near (and intermediate) focusing ability of your eye will be restored. Additional treatment and/or surgery may be necessary.
9. If complications occur at the time of surgery, the doctor may decide not to implant an IOL in your eye even though you may have given prior permission to do so.
10. Other factors may affect the visual outcome of cataract surgery, including other eye diseases such as glaucoma, diabetic retinopathy, age-related macular degeneration; the power of the IOL; your individual healing ability; and, if certain IOLs are implanted, the function of the ciliary (focusing) muscles in your eyes.
11. Your doctor will use special equipment and computer formulas to select the best IOL for you, but the result may be different than what was planned. You may need to wear glasses or contact lenses after surgery to obtain your best vision. Additional surgeries such as IOL exchange, placement of an additional IOL, or refractive laser surgery may be needed if you are not satisfied with your vision after cataract surgery.
12. Regardless of the IOL chosen, you may need laser surgery (a YAG capsulotomy) to correct clouding of vision. At some future time, the IOL implanted in your eye may have to be repositioned, removed surgically, or exchanged for another IOL.
13. If your ophthalmologist has informed you that you have a high degree of farsightedness (hyperopia >5.0 diopters) and/or that the axial length of your eye is short (< 18.0mm), your risk for a complication known as nanophthalmic choroidal effusion is increased. This complication could result in difficulties completing the surgery and implanting a lens, or even loss of the eye.
14. If your ophthalmologist has informed you that you have a high degree of nearsightedness (myopia > -7.0 diopters) and/or that the axial length of your eye is long (> 25.00 mm), your risk for a complication called a retinal detachment is increased. Retinal detachments can usually be repaired but may lead to vision loss or blindness.
15. Since only one eye will undergo surgery at a time, you may experience a period of imbalance between the two eyes (anisometropia). This usually cannot be corrected with eyeglasses because of the marked difference in the prescriptions, so you will either temporarily have to wear a contact lens in the non-operated eye or will function with only one clear eye for distance vision. In the absence of complications, surgery in the second eye can usually be accomplished within 2 to 4 weeks, once the first eye has stabilized.

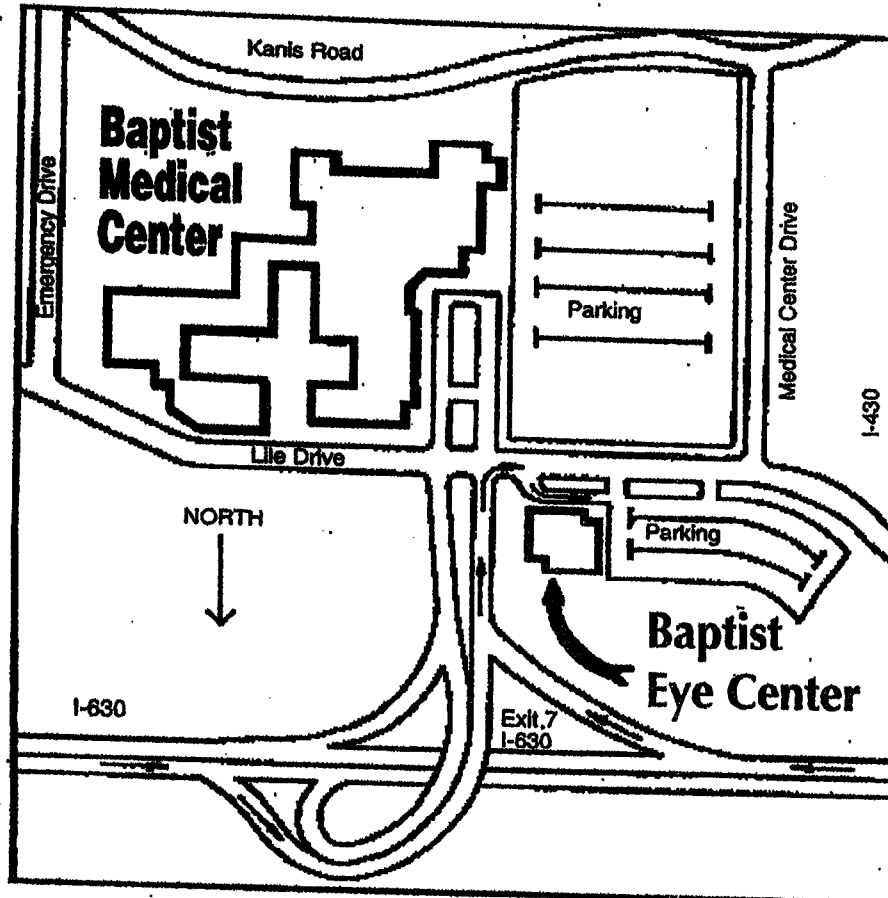
16. There is no guarantee that cataract surgery will improve your vision. As a result of the surgery and/or anesthesia, it is possible that your vision could be made worse. In some cases, complications may occur weeks, months or even years later. These and other complications may result in poor vision, total loss of vision, or even loss of the eye in rare situations. You may need additional treatment or surgery to treat these complications. This additional treatment is not included in the fee for this procedure.



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We are located in the Baptist Eye Center at the Baptist Health Medical Center Campus in Little Rock. We are on the third floor.

You will take the Baptist Health exit off of I-630 and turn right at the stop sign.

Note: Lile Drive has been renamed to Baptist Health Drive. However, most online searches and GPS units do not reflect this yet.

Eye Care Arkansas

Today's date _____

Patient First Name _____ Middle _____ Last _____

Social Security # _____ Age _____ Date of Birth _____ Male Female

Marital Status: D M S W Employment Status: Full Part Retired Student

Patient's Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Other phone (cell/pager) _____

e-mail address _____

Patient or Parent's employer _____ Phone _____

Spouse or Parent's name _____

Emergency Contact name and Phone#: _____

Referring or Primary Care Doctor: _____ Phone _____

We require the following information in order to file your insurance. If this information is incorrect, the balance will be your responsibility.

Insurance Information—*Please read*—Payment in full for your visit is your responsibility. In order for us to involve your insurance company in the payment process we must have the correct information.

Primary Medical Insurance _____ ID# _____

Address _____

Insured's name, SSN and Date of Birth _____

Relationship to patient _____

Secondary Medical Insurance _____ ID# _____

Address _____

Insured's name, SSN and Date of Birth _____

Relationship to patient _____

Vision Insurance _____ ID# _____

Group Name _____

Insured's Name and Date of Birth _____ Relationship to patient _____

Please Read the following, then sign and date below:

I authorize payment of medical benefits from my insurance company to be made to Eye Care Arkansas, P.A. or Eye Care Optical, LLC. I authorized release of the medical information needed to my insurance company in order to process these claims. **I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR THE CHARGES NOT COVERED BY MY INSURANCE COMPANY.**

SIGNED _____ DATE _____



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Patient HIPAA Signoff Form

1. Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and health care operations). List your emergency contact as #1 please.

- 1. _____ phone: _____
- 2. _____ phone: _____
- 3. _____ phone: _____
- 4. _____ phone: _____

2. Please print the address of where you would like your billing statements and/or correspondence from our office to be sent **if other than your home address.**

3. Please print the telephone number where you want to receive calls about your appointments or other health care information **if other than your home phone number.**

_____ (please understand that a cell phone is not a secure and private line)

4. I acknowledge receipt of Eyecare Arkansas, P.A. Privacy Notice.
PLEASE initial _____

PATIENT NAME (print) _____ DOB _____

PATIENT/Guardian Signature _____ Date: _____

This notice will remain in effect until such time our offices notified in writing of any changes by the patient

Visit us at our website www.eyecarearkansaspa.com

Patient Name:

Date of Birth:

Account:

Date:

What brings you in today?

When was your last eye exam

Do wear glasses, contact lenses or both?

Were you Referred?

By:

Do you have a history of:	Yes	No	Do you currently have any problems with:	Yes	No
Double Vision			Chest pain, heart racing, shortness of breath		
Decreased vision			Hearing loss, Dizziness, ringing in ears		
Eye Pain			Back, muscle, joint pain; swelling, stiffness		
Floaters in your Vision			Cough, trouble breathing, wheezing		
Flashing lights			Fatigue, fever, weight loss, weakness		
Eye Injury			Easy bleeding or bruising, tender nodes		
Serious eye infections			Balance problems, numbness, tingling, headache		
Eyelid problems			Hair loss, rashes, skin lesions		
Abnormal pupil			Painful urination, frequency		
Cornea disease			Excessive heat/cold intolerance; increased hunger or thirst, frequent urination		
Glaucoma			Anxiety, depression, irritability, insomnia, nervousness		
Cataract			Seasonal allergies, chronic runny nose, itching		
Retina disorder					
Eye tumor			Do you smoke?		
Eye(s) turning in or out			Have you ever smoked for 1 year or more?		
			Do you drink alcohol?		
Do you use any Eye Drops? Please list and how you use			Have you had a flu shot in the last year?(88)		
			Have you had a pneumonia shot?(109)		
			Have you had a shingles shot?(121)		
			Have you had a fall in the last year?		
			Are you HIV positive?		
Allergy to eye drops (list)			Have You Had any Eye Surgeries? Please list Surgeon	When? (approx.)	

OCULAR SURFACE HEALTH QUESTIONNAIRE

Patient Name or ID: _____ Date: _____

Technician: _____

Do you have any of the following symptoms?

- | | |
|---|--|
| <input type="checkbox"/> Dry eyes | <input type="checkbox"/> Excess tearing/watering eyes |
| <input type="checkbox"/> Blurry vision | <input type="checkbox"/> Tired eyes, eye fatigue |
| <input type="checkbox"/> Redness | <input type="checkbox"/> Stringy mucus in or around the eyes |
| <input type="checkbox"/> Burning | <input type="checkbox"/> Foreign body sensation |
| <input type="checkbox"/> Itching | <input type="checkbox"/> Contact lens discomfort |
| <input type="checkbox"/> Light sensitivity | <input type="checkbox"/> Scratchy feeling of sand or grit in the eye |
| <input type="checkbox"/> Fluctuating Vision | |

Have you used any eye drops in the last 2 hours?

- YES NO

Have you ever been diagnosed with Dry Eye Disease or Ocular Surface Disease?

- YES NO When? _____

If YES, is your appointment today to monitor dry eye treatment?

- YES NO

Are you here to be evaluated for:

- Cataract Surgery
 LASIK
 Other Surgery

Do you use?

- Contact lenses
 Over the counter eye drops such as artificial tears
 Eye drops for dry eye disease (e.g., Restasis*, Xiidra*)
 Eye drops for glaucoma (e.g., latanoprost, Travatan*, Lumigan*)
 Eye drops for allergy (e.g., Pred Forte*, Pataday*)
 Nutritional supplements (e.g., omega-3)

Have you ever been diagnosed with any of the following:

- Sjogrens Syndrome
 Rosacea
 Multiple Sclerosis
 Rheumatoid Arthritis
 Thyroid Disease

Have you ever had punctal plugs? YES NO

If the information provided in this form, in conjunction with other clinical data, raises the suspicion of Dry Eye Disease, then obtaining a Tear Osmolarity Test may be indicated. I reviewed this form and based on the information contained therein and other available clinical data, I suspect that this patient has dry eye disease and obtaining a tear osmolarity measurement is medically necessary for the diagnosis and management of this patient's ocular problem(s).

Attending Clinician: _____ Date: _____

VF-8R

Robert Berry, M.D.
9800 Baptist Health Drive
Suite 301
Little Rock, AR 72205
Phone: 501-225-4488

Patient name: _____ DOB: _____ ACCT: _____

On a scale of 1 to 4 please tell us how much difficulty you are having doing the following activities, **EVEN USING YOUR GLASSES.** ****Please rate each eye separately. ****

This is a **GRADING SCALE** to see how many problems you are having with each eye individually.
#1 – a little trouble #2 – moderate trouble #3 – lots of trouble #4 – can't do it
(Circle one or line through if no difficulties)

1. Do you have any difficulty reading small print such as labels on medicine bottles, a telephone book or food labels?

Right Eye: ___1___ 2 ___3___ 4 ___ Left Eye: ___1___ 2 ___3___ 4 ___

2. Do you have any difficulty reading a newspaper or a book?

Right Eye: ___1___ 2 ___3___ 4 ___ Left Eye: ___1___ 2 ___3___ 4 ___

3. Do you have any difficulty seeing steps, stairs or curbs?

Right Eye: ___1___ 2 ___3___ 4 ___ Left Eye: ___1___ 2 ___3___ 4 ___

4. Do you have any difficulty reading traffic signs, street signs or does glare from oncoming lights bother you?

Right Eye: ___1___ 2 ___3___ 4 ___ Left Eye: ___1___ 2 ___3___ 4 ___

5. Do you have any difficulty doing fine handwork like sewing, knitting, crocheting or carpentry?

Right Eye: ___1___ 2 ___3___ 4 ___ Left Eye: ___1___ 2 ___3___ 4 ___

6. Do you have any difficulty writing checks or filling out forms?

Right Eye: ___1___ 2 ___3___ 4 ___ Left Eye: ___1___ 2 ___3___ 4 ___

7. Do you have any difficulty playing games such as bingo, dominos, card games or mahjong?

Right Eye: ___1___ 2 ___3___ 4 ___ Left Eye: ___1___ 2 ___3___ 4 ___

8. Do you have any difficulty watching television?

Right Eye: ___1___ 2 ___3___ 4 ___ Left Eye: ___1___ 2 ___3___ 4 ___

Signature: _____ Date: _____ Dr. Reviewed: _____