



Overview of your Cataract Surgery Process

SURGERY DATE ____/____/____ for your RIGHT/ LEFT eye	Your surgery will be at <input type="checkbox"/> Sterling Surgical Center (Slidell, LA) <input type="checkbox"/> Eyecare Associates Surgery Center (Metairie, LA) <input type="checkbox"/> Ochsner Outpatient Surgery Suite (Slidell, LA) <input type="checkbox"/> Our Lady of the Lake Pontchartrain Surgery Center (Covington, LA) <input type="checkbox"/> Avala (Covington, LA)
------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

BEFORE YOUR SURGERY

1. Discontinue contact lens wear 3 weeks prior to your pre-operative appointment.
2. Discontinue Flomax 2 weeks prior to your surgery date.
3. Contact your primary care doctor to make an appointment to be cleared for surgery. You need to bring the surgical clearance form from our office for your doctor to fill out. This must be faxed to us 4 days prior to your surgical date or your surgery will be cancelled and rescheduled.
4. Return for your **pre-operative appointment** on ____/____/____
 - a. During this visit, your eyes will be measured to determine what power lens implant is needed
 - b. We will review options for surgery and lens options at this time
 - c. Your medications will be sent into Benzer Pharmaceuticals, whom will contact you to send you your medications. You will receive your medications at least 2 days prior to your surgery date.
5. Your surgery center will call you with your surgery time. Please arrange for transportation to and from surgery and expect to be at the surgery center for **2-3 hours**.

THE DAY BEFORE YOUR SURGERY

1. **Begin to use your eye drops!** (see medication instructions)
2. Do not eat or drink anything after midnight the day before your surgery.
 - a. If you are having surgery in the afternoon, you may eat a light breakfast (toast and juice, no coffee) the morning of your surgery before 7am

THE MORNING OF YOUR SURGERY

1. You may take your daily medications with a small amount of water. Avoid taking medications that require a full stomach until after your surgery.
2. If you are diabetic, please **DO NOT TAKE YOUR DIABETIC MEDICATION** the day of surgery. If you are having your surgery in the afternoon, only take **HALF** of your diabetic medication in the morning.
3. Do not wear any make-up the day of surgery
4. Wear comfortable shoes and clothing
5. Remember to bring all of your drops with you to the Surgery Center and your post-op visits

AFTER YOUR SURGERY

1. Follow the instructions and activity restrictions given to you by us and the surgery center
2. Continue to use your **eye drops for the next 4 weeks** (see medication instructions)
3. You should be able to resume your normal activities within 7 days, and your eye will usually be stable within 3 to 6 weeks, at which time glasses or contact lenses can be prescribed.

4. Go to your **1 day** post-op appointment: ____/____/____
10-12 day post-op appointment: ____/____/____
30 day post-op appointment: ____/____/____



Financial Explanation for Outpatient Procedures

Prior Authorizations. Your insurance will be contacted on all procedures (if applicable)

Deductibles and co-insurances that **have not** been satisfied are the patient's responsibility and are **due prior** to the procedures (if applicable)

How much will I owe? Every insurance policy is different and we recommend that you contact your own insurance carrier and verify the benefits and coverage of your own policy.

Fees Involved

1. Physician Surgical Fee: \$1,600 for uncomplicated cataract surgery

Our billing staff will file the doctor surgical fee with your insurance carrier (if applicable). You may be responsible for any co-insurance or deductibles not met.

You may also contact our billing department at 985-641-2252 Ext.2 with any questions

2. LenSx Laser or LenSx Laser with multifocal lens upgrade fees *(Optional - Not covered by insurance)*

Please refer to our separate page explaining these optional advanced surgical fees.

3. ORA system fee *(Optional - Not covered by insurance)*

Please refer to our separate page explaining these optional advanced surgical fees

4. Facility, Surgery Center, and Hospital Fees

These fees are not set by our office; therefore, we ask that you contact the facilities to discuss their fees prior to your procedure

<input type="checkbox"/> Sterling Surgical Center	(Slidell, LA)	(985) 690-8200
<input type="checkbox"/> Eyecare Associates Surgery Center	(Metairie, LA)	(504) 455-4046
<input type="checkbox"/> Ochsner Outpatient Surgery Suite	(Slidell, LA)	(985) 646-4466
<input type="checkbox"/> Our Lady of the Lake Pontchartrain Surgery Center	(Covington, LA)	(985) 234-9700
<input type="checkbox"/> Avala	(Covington, LA)	(985) 809-9888

5. Anesthesia Fee

These fees are not known by our office. Please contact the facility hosting your procedure for further information regarding these fees. You should also contact your insurance company to determine if your policy covers anesthesia.

6. Pathologist and/or Lab Fee

This applies only if a biopsy is taken. Patients will receive a bill from the pathologist and/or lab that is performing, reading, and reporting results

If you need to cancel your procedure, please call us 48 hours in advance.

1939 Hickory Ave., Ste 101
2 Sanctuary Blvd., Ste 303
1185 Robert Blvd.

Harahan, LA 70123
Mandeville, LA 70471
Slidell, LA 70461

(PHONE) 504.737.3456 • (FAX) 504.738.3456
(PHONE) 985.624.5058 • (FAX) 985.624.6613
(PHONE) 985.641.2252 • (FAX) 985.641.2790