

Konrad W. Filutowski, M.D.

Medical Director  
Diplomate American Board  
of Ophthalmology  
American Board of Eye Surgery

Angela K. Dempsey, M.D.

Diplomate American Board  
of Ophthalmology

Kara B. Sidman, O.D., F.A.A.O.

Board Certified  
Optometric Physician  
Fellow of the American  
Academy of Optometry

Rima Klimas, O.D.

Board Certified Optometric  
Physician

Robert Grossmann, O.D.

Board Certified Optometric  
Physician

Charles F. Paglia, O.D.

Board Certified Optometric  
Physician

FILUTOWSKI  
CATARACT & LASIK  
INSTITUTE



Vision For Life

Exclusive Provider of  
HIGH DEFINITION™  
LASIK  
in Florida

110 Yorktowne Drive  
Daytona Beach, FL 32119  
386.788.6696  
FX 386.788.2219

1070 Greenwood Blvd.  
Lake Mary, FL 32746  
407.333.5111  
FX 407.333.2434

2295 S. Hiwassee Rd.  
Suite 101  
Orlando, FL 32835  
407.902.2533  
FX 407.902.2535

800.LASIK.4U

800.EYE.EXAM

FilutowskiEye.com

Dear Prospective Patient,

**Thank you** for your inquiry regarding cataract surgery, Konrad Filutowski, MD, and the Filutowski Cataract & LASIK Institute. This is one of the *most exciting* times in the history of cataract surgery. The results are better than ever!

Today's patients are interested in options for improved vision and a surgeon's surgical skills. Dr. Filutowski has been in private practice in Central Florida for over 20 years. Patients come from all corners of the world to have their cataract surgery performed by him. He has successfully performed over 28,000 cataract procedures and over 60,000 surgical procedures. All procedures are performed in the safety of our two Florida Licensed and Accreditation Association for Ambulatory Health Care accredited Ambulatory Surgical Centers. Our meeting of these strict standards enhances your safety and comfort throughout the surgical process.

Standard cataract removal improves impaired vision but leaves many patients dependent on glasses. Now, with our **CLEAR Upgrade**, your vision can be improved beyond the results of standard cataract surgery. Our **CLEAR Upgrade** can provide you with independence from glasses for most of your daily activities! Youthful vision can be yours once again!

We appreciate the importance of making the best decision when it comes to something as precious as your eyesight. Enclosed you will find information for your review, so you can learn more about Dr. Filutowski and the Filutowski Cataract & LASIK Institute. You will also find information about our **CLEAR Upgrade** which can provide the best possible vision for your lifestyle. You can read our patient testimonials on our website, [www.FilutowskiEye.com](http://www.FilutowskiEye.com).

It is our privilege to serve you and to improve the quality of your life with renewed vision. Please call 800.EYE.EXAM to speak to one of our Cataract Counselors today and ask about our **CLEAR Upgrade!** We welcome the opportunity to provide you with **Excellence in Eye Care** and **Vision for Life**.

Sincerely,

Nikki Volz  
Cataract Counselor

DPP8.09

# CLEAR

FOR YOUTHFUL VISION ●●●●●●

Youthful vision can be yours...

If you need cataract surgery we have great news for you! Not only can your vision be restored, but you also may see better without corrective lenses than ever! Our *exclusive* new **CLEAR UPGRADE** allows most people to read, drive and do just about anything that fits their lifestyle, without the need of glasses.

---

## CLEAR UPGRADE ... For Youthful Vision

---

Following standard cataract surgery many patients are dependent on corrective lenses in order to see well.

**CLEAR UPGRADE** allows for best possible vision and maximum freedom from glasses following cataract surgery.

.....

### What is CLEAR UPGRADE?

CLEAR is an acronym. It stands for Custom Lens Exchange And Refractive procedure.

**CLEAR UPGRADE** is a comprehensive set of additional services and procedures before, during and after cataract surgery resulting in best possible vision without glasses.

Some of those additional services include specialized testing, doctor consultations and examinations, advanced cataract surgery technique, premium lens implants and refractive surgeries such as LASIK.

.....

### Who is a good candidate for CLEAR UPGRADE?

Luckily most patients that need cataract surgery are great candidates for **CLEAR UPGRADE**. It is rare that any of our patients do not qualify.

### Why choose CLEAR UPGRADE?

The answer is clear, no pun intended! If you want to experience the vision freedom of your youth - to see better with little or no need of glasses or contact lenses, then say "Yes!" to **CLEAR UPGRADE** today!

.....

### What's next?

You will undergo additional tests that are above and beyond the standard testing before cataract surgery. Our doctors will review the results of these tests and your vision preferences. They will make a recommendation regarding specialized lens implants and determine your qualification for possible refractive surgery such as LASIK.

Your cataract surgery will be tailored for each eye. Our doctors will closely monitor your recovery and schedule you for LASIK as necessary. We will work hard so you can reach your visual goals.

.....

*"Youthful vision and maximal independence from glasses can be yours!"*

— Konrad Filutowski, MD, one of Central Florida's most experienced Cataract and LASIK surgeons.



FILUTOWSKI  
CATARACT & LASIK  
INSTITUTE  
★ ★ ★ ★ ★  
VISION FOR LIFE

800.EYE.EXAM | FilutowskiEye.com

# FILUTOWSKI CATARACT & LASIK INSTITUTE

★ ★ ★ ★ ★

## VISION FOR LIFE

The Filutowski Cataract & LASIK Institute has assembled the finest group of doctors, technicians and support staff to provide you with the quality care that you deserve. In our quest for Excellence in Eye Care, we are dedicated to your utmost safety and comfort.

### OUR SURGEONS

**KONRAD FILUTOWSKI, MD** | Chief Surgeon and Medical Director of the Filutowski Cataract & LASIK Institute, founded in 1990 • Board Certified Ophthalmologist, Assistant Clinical Professor, Department of Ophthalmology at the University of South Florida, College of Medicine | Teaches other doctors surgical skills for cataract and LASIK surgery  
**EDUCATION** | Columbia College, New York, NY • Cornell University Medical College, New York, NY | Residency, Scheie Eye Institute, University of Pennsylvania, Philadelphia, PA  
**PERSONAL** | Married, three children. Avid skier, sports and race car enthusiast



Angela Dempsey, MD & Konrad Filutowski, MD,  
Central Florida's Most Experienced  
LASIK Surgeons

**ANGELA DEMPSEY, MD** | LASIK Surgeon, Board Certified Ophthalmologist • Joined Filutowski Cataract & LASIK Institute in 1999 following private practice and training LASIK Surgeons worldwide  
**EDUCATION** | University of Tennessee, Chattanooga, TN • University of Tennessee Medical School, Memphis, TN • Residency, University of Texas Health Science Center at San Antonio, TX  
**PERSONAL** | Married, four children. Literary aficionado and volunteer for children's educational programs

### OUR STAFF DOCTORS

**CHARLES F. PAGLIA, OD**  
BOARD CERTIFIED OPTOMETRIST  
**EDUCATION** | Doctor of Optometry, New England College of Optometry, Boston, MA. | Bachelor of Arts Degree, College of the Holy Cross, Worcester, MA Florida State Board Examiner  
**PERSONAL** | Married, two children. Enjoys sailing, SCUBA diving, cooking, photography, travel and having time for fun and new adventures with his family

**KARA B. SIDMAN, OD, FFAO**  
BOARD CERTIFIED OPTOMETRIST  
**EDUCATION** | Doctor of Optometry, Southern College of Optometry, Memphis, TN Stetson University, Deland, FL | Associate Professor, Nova Southeastern College of Optometry | National Board Examiner | Florida State Board Examiner | Clinical Director of Internship and Residency Programs Nova Southeastern College of Optometry  
**PERSONAL** | Married, two children. Competitive marathon runner, avid snow skier

**ROBERT GROSSMANN, OD**  
BOARD CERTIFIED OPTOMETRIST  
**EDUCATION** | Doctor of Optometry, Illinois College of Optometry, Chicago, IL B.S. Biology, Union College, Schenectady, New York  
**PERSONAL** | Married, three children. Enjoys golf, tennis, skiing, travel and family time

**RIMA KLIMAS, OD**  
BOARD CERTIFIED OPTOMETRIST  
**EDUCATION** | Doctor of Optometry, Nova Southeastern University, Ft. Lauderdale, FL | Graduated Summa Cum Laude, Ranked 1/103  
**PERSONAL** | Married, three children. Enjoys skiing, walking and family time



Left to right: Doctors Paglia, Sidman, Grossmann and Klimas.

**800.EYE.EXAM | FILUTOWSKI.EYE.COM**

# Filutowski Cataract & LASIK Institute

## PATIENT REGISTRATION

3.11

Last Name:		First Name:		MI:
Local Address:				
City:		State:	Zip Code:	
DOB:	Sex:	Marital Status:		Race:
SSN [Required for reporting to Agency for Health Care Administration]:				
Were you referred by an eye doctor?		[ ] Yes [ ] No		If yes, doctor's name:

### PERSON TO CONTACT IN CASE OF EMERGENCY

Last Name:		First Name:	
Telephone #: (    )		Relationship to Patient:	

### RESPONSIBLE PARTY/BILLING INFORMATION

Last Name:		First Name:		MI:
Home Phone #: (    )		Work Phone #: (    )		
Mobile #: (    )		E Mail:		

Please indicate which of the above phone numbers is best for reach you **during the day (8 a.m. – 5 p.m.)**:

Home     
  Work     
  Mobile     
  Other: \_\_\_\_\_

Billing address:		
City:	State:	Zip Code:

### MEDICAL INSURANCE INFORMATION - please submit card(s) to receptionist

**Please complete the following if the insured person is NOT the patient:**

Name of Insured Person:		DOB:
Relationship to Patient: [ ] Spouse [ ] Parent		

### IMPORTANT INFORMATION REGARDING INSURANCE BILLING

Our doctors are here to provide you with the best medical care and their primary concern is your health and well-being. That is why it is very important for you to read and understand what your policy may or may not cover. We participate with numerous different insurance companies and each company has many different plans, therefore it is impossible for us to be aware of what each patient's particular plan will cover. **FCLI does not participate with Vision Plans.**

We will verify your benefits and provide you with an ESTIMATE of what your patient responsibility will be. However, again this is only an ESTIMATE and true benefits cannot be determined until your insurance processes the claim. You are responsible for any additional patient responsibility once the explanation of benefits is received.

**IMPORTANT: PLEASE REMEMBER TO BRING YOUR INSURANCE CARD(S) AND DRIVER LICENSE WITH YOU.**

## Filutowski Cataract & LASIK Institute MEDICAL HISTORY INFORMATION

Date:

Last Name:  First Name:  MI:

Reason for Today's Visit:

[Please provide strength and dosage for all medications]

	Yes	No	
Previous Eye Injuries			List:
Previous Eye Surgery			When: <input style="width: 100px;" type="text"/> Dr: <input style="width: 100px;" type="text"/>
Previous Eye Disease			Treated with: <input style="width: 400px;" type="text"/>
Respiratory Difficulty (Asthma/Bronchitis/Emphysema)			Treated with: <input style="width: 400px;" type="text"/>
Heart Failure			Treated with: <input style="width: 400px;" type="text"/>
Slow/Fast/Irregular Heart Rate			Treated with: <input style="width: 400px;" type="text"/>
Heart Attack(s)			When: <input style="width: 400px;" type="text"/>
Stroke(s)			When: <input style="width: 400px;" type="text"/>
Diabetes			Treated with: <input style="width: 400px;" type="text"/> Last blood sugar reading: <input style="width: 100px;" type="text"/> A1C: <input style="width: 100px;" type="text"/>
High Blood Pressure			Treated with: <input style="width: 400px;" type="text"/>
Other Medical Problems			List: <input style="width: 400px;" type="text"/>
Drug Allergies			List: <input style="width: 400px;" type="text"/>
Family History of Glaucoma			Who: <input style="width: 400px;" type="text"/>
Prescription Eye Drops			List: <input style="width: 400px;" type="text"/>
Current Medications (not listed above) w/Dosage			List: <input style="width: 400px;" type="text"/>
Smoker			Amount: <input style="width: 400px;" type="text"/>
Alcohol Use			Amount: <input style="width: 400px;" type="text"/>
History of Hepatitis			Type: <input style="width: 100px;" type="text"/> Active now? Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
History of Tuberculosis			Active now? Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
Are you pregnant?			Number of months: <input style="width: 100px;" type="text"/>
Are you HIV positive?			
Do you have AIDS?			

Name of local Eye Doctor(s) who have treated you:

Name and location of your preferred Pharmacy:  Phone number:

Would you like to learn about LASIK (Laser Vision Correction)? [  ] Yes [  ] No

**\*\*Please note: patients confined to wheelchairs must be accompanied by an assistant at all times in the clinic and surgical centers.**

**Filutowski Cataract & LASIK Institute  
FINANCIAL POLICY**

(8.11)

Payment in full is due at the time of service, unless this office participates with your insurance company or arrangements have been made prior to your appointment. We accept cash, check, Visa, MasterCard, Discover and American Express.

**REGARDING INSURANCE**

Your insurance policy is a contract between you and your insurance company. You are responsible for knowing which physicians in our practice are participating with your insurance company. You are responsible for knowing what diagnosis and/or procedure(s) may or may not be considered for payment. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, "usual and customary" charges, etc., other than supply factual information. You are responsible for any charges not paid by your insurance company within 60 days. (See also: "Important Information Regarding Insurance Billing" on Patient Registration form)

**FEE FOR REFRACTION:** Refraction (testing for eyeglass correction) is a billable service that is NOT COVERED by medical insurance and is therefore **100% the patient's responsibility.**

Patient Initials:

**YOU ARE RESPONSIBLE FOR ANY POLICY DEDUCTIBLES AND CO-PAYMENTS AT THE TIME OF SERVICE**

This office will file claims only with insurance companies with whom we participate. We will file with no more than two (2) insurance companies. If you have additional insurance coverage, it is your responsibility to file the claim.

We are a Medicare participating practice. If you are a Medicare Beneficiary, we will file a claim for you. You will be responsible for the annual \$162.00 deductible and the 20% co-payment.

**MINORS ACCOMPANIED BY AN ADULT:** The adult accompanying a minor and his/her parents (or guardian) are responsible for payment at the time of service.

-----  
I understand and agree that (regardless of my insurance status) I am ultimately responsible for the balance of my account for any professional services rendered. I certify that this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status or the above information.

**PATIENTS WITH MEDICARE COVERAGE:**

I certify that the information given by me in applying for payment under Title XVIII of the Medicare Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physician and authorize such physician to submit a claim to Medicare.

**NON-MEDICARE PATIENTS:**

I authorize the release of all medical information to my insurance company/companies and request that payment of my insurance benefits be sent directly to Filutowski Cataract & LASIK Institute (unless payment in full has been made at the time of service).

**Patient Name (print):** \_\_\_\_\_ **Chart #:** \_\_\_\_\_

**Patient/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Filutowski Cataract & LASIK Institute**  
**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT**

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPAA”), I have certain rights to privacy regarding my protected health information (PHI). I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers (insurance companies).
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I may request a copy of your *Notice of Patient Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that Filutowski Cataract and Lasik Institute (FCLI) restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand FCLI is not required to agree to my requested restrictions, but if FCLI does agree then FCLI is bound to abide by them.

**For patients who bring companions to their appointments:** I understand that my private health information may be discussed at any time during any interaction between myself and the staff of FCLI. If I allow my companions to be present during such interactions, my companions may be exposed to my private information. It is MY responsibility to exclude my companions from such conversations between myself and FCLI staff if I do not wish my companions to be exposed to my private information.

Patient Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_\_

I authorize access to my protected health information for the following persons (optional):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**OFFICE USE ONLY**

I attempted to obtain the patient’s (or legal guardian’s) signature in acknowledgment on this Notice of Privacy Practices Acknowledgment, but was unable to do so as documented below:

Date:	Initials:	Reason:



[Office use only] Pt's Record #: \_\_\_\_\_

## CONSENT FOR DILATING EYE DROPS

In order to thoroughly examine your eyes and diagnose certain eye diseases such as glaucoma and macular degeneration, it is usually necessary to administer dilating drops. Dilating drops enlarge the pupil of the eye to allow for the examination of the inside of your eye; without pupil dilation, the doctor gets only a limited view of the eye. These drops usually cause blurred vision and make reading and focusing on near objects difficult or impossible until pupils return to normal size. The length of time that vision will be blurred and the degree of eyesight impairment varies from person to person. It is not possible to predict how much or how long your vision will be affected.

Driving even in low-light conditions may be difficult or impossible after an examination with dilating drops, and, if possible, you should not drive yourself afterwards. Instead, we strongly suggest you make alternative arrangements for transportation after your examination. If you do choose to drive yourself, you acknowledge that you understand the risks and accept full responsibility for any injuries to yourself or others. Also, we strongly suggest you use sunglasses to reduce your increased sensitivity to light while driving.

Adverse reaction, such as acute angle-closure glaucoma, may be triggered from the dilating drops. This is extremely rare and treatable with immediate medical attention.

## PATIENT STATEMENT

I, (print name) \_\_\_\_\_, hereby authorize Filutowski Cataract & LASIK Institute's staff doctors, technicians or other assistants to administer dilating eye drops during the course of my treatment. I understand that these eye drops are necessary to diagnose my condition. I further understand and acknowledge that I have been warned of the potential risks that dilating eye drops may have on my ability to drive and will take appropriate steps to reduce this risk by not driving immediately after my eyes have been dilated or by wearing sunglasses while driving.

If I am aware of any reason that I cannot or should not receive dilating drops, I agree to inform the clinic staff and my eye doctor *before any eye drops are administered* during the course of my exam.

\_\_\_\_\_  
Patient signature (or patient's authorized representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



### Lake Mary

1070 Greenwood Blvd.  
Lake Mary, FL 32746  
407.333.5111



### Daytona Beach

110 Yorktowne Dr.  
Daytona Beach, FL 32119  
386.788.6696



### Veranda Park

2295 S. Hiawassee Rd., Suite 101  
Orlando, FL 32835  
407.902.2533



**800.EYE.EXAM**

**FILUTOWSKI EYE . COM**

**WEEKEND & AFTER HOURS HOTLINE: 407.461.4500**



*"I chose to be a physician because helping others has always been so rewarding to me. I selected ophthalmology to work on our most precious sense, the sense of sight. As an ophthalmologist, my lifetime effort has been to provide the best surgical outcome to each and every patient. I strive daily to deliver the best that medicine has to offer. After two decades and more than 55,000 surgical procedures the greatest reward is still the same feeling of helping others, helping to improve and restore sight. My mission remains the same: Excellence in Eye Care & Vision for Life."*

— KONRAD FILUTOWSKI, MD

**FILUTOWSKI**  
**CATARACT & LASIK**  
**INSTITUTE**  
★ ★ ★ ★ ★  
**VISION FOR LIFE**