

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. Hiawasse 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.

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

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