



## Vitreoretinal Surgery, PLLC

### EDINA

Centennial Lakes Office Park  
3601 W 76<sup>th</sup> Street, #300  
Edina, MN 55435  
Phone (952) 929-1131  
Fax (952) 929-8873

### ST. PAUL

Court International  
2550 University Ave W, #135N  
St. Paul, MN 55114  
Phone (651) 644-8993  
Fax (651) 644-8994

### PLYMOUTH

WestHealth Office Bldg  
2855 Campus Dr, #510  
Plymouth, MN 55441  
Phone (763) 550-1002  
Fax (763) 550-1003

### WOODBURY

7115 Tamarack Rd, #100  
Woodbury, MN 55125  
Phone (651) 361-8100  
Fax (651) 361-8101

### ST. CLOUD

Midsota Center  
3701 - 12<sup>th</sup> St N, #102  
St. Cloud, MN 56303  
Phone (320) 654-8353  
Fax (320) 654-8663

### BLAINE

11091 Ulysses St NE, #200  
Blaine, MN 55434  
Phone (763) 235-4104  
Fax (763) 755-0277

### DULUTH

North Shore Bank Place  
4815 W Arrowhead Rd, #210  
Hermantown, MN 55811  
Phone (218) 625-5020  
Fax (218) 625-8179

Herbert L. Cantrill, MD  
Steven R. Bennett, MD  
Jill B. Johnson, MD  
David F. Williams, MD  
Edwin H. Ryan Jr., MD  
Sundeep Dev, MD  
Robert A. Mitra, MD  
Polly A. Quiram, MD, PhD  
John B. Davies, MD  
D. Wilkin Parke III, MD  
Peter H. Tang, MD, PhD  
Ananth Sastry, MD  
Peter J. Belin, MD  
Sushant Wagley, MD

If calling long distance,  
please dial toll free  
1-800-VRS-2500

[www.VRSsurgery.com](http://www.VRSsurgery.com)

Vitreoretinal Surgery, PLLC would like to welcome you to our office.

Enclosed is a **registration form and a medical history questionnaire** for you to complete. Please bring the completed forms, along with your current insurance card and a photo ID with you to your appointment. Many insurance plans require **referrals** before they will pay for medical services. If referrals are required, it is your responsibility to get the referrals in place prior to your office visit. If you are uncertain as to whether or not you need to have a referral, please refer to your member handbook or call your insurance company. The phone number should be found on the back of your insurance identification card.

Many insurance plans require you to make a **co-pay** with each office visit. The co-pay is due at the time of your visit. This entire procedure will enable us to better serve you and speed up the registration process.

Your eyes **will be dilated**, so plan to bring a driver. The effects of the dilation can last up to several hours or even into the next day. Please bring a list of all your **medications** including eye drops. Your appointment may last 1 1/2 to 2 1/2 hours.

If you have any questions or need clarification, please call the site where your visit will take place. In addition, please feel free to visit our new website at [www.VRSsurgery.com](http://www.VRSsurgery.com).

Thank you for choosing Vitreoretinal Surgery, PLLC as your retina care specialist. The physicians and staff of our clinics are committed to providing you with high quality care in an efficient and compassionate environment.

## Appointment Date

Your appointment is scheduled for:

DATE:

TIME:

LOCATION:

SPECIAL INSTRUCTIONS:

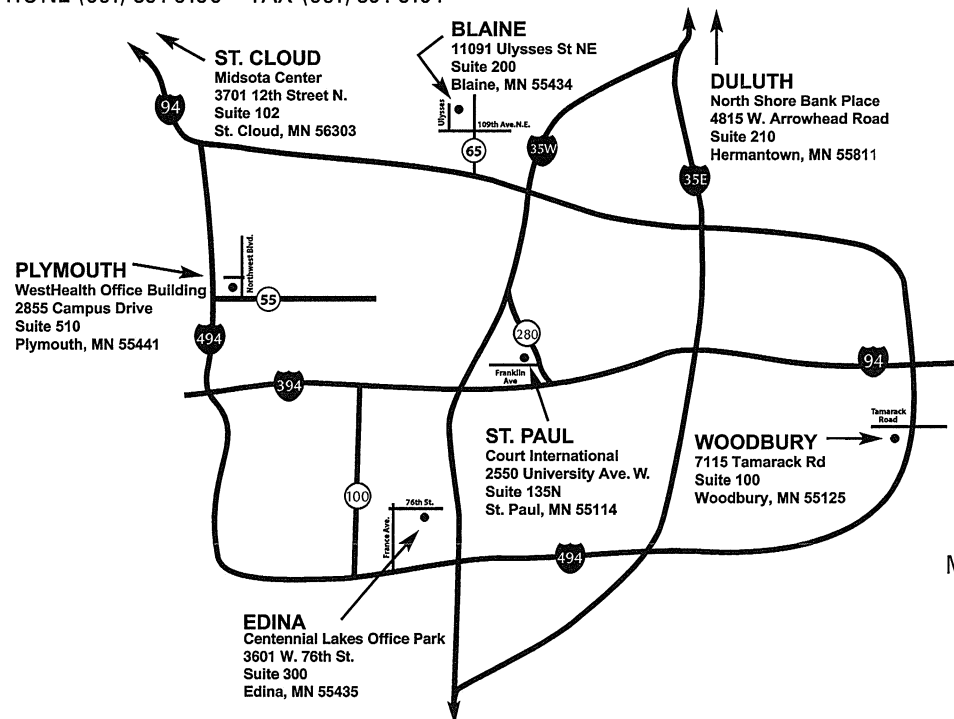
Your appointment is with the following physician:

- Herbert L. Cantrill, MD
- Steven R. Bennett, MD
- Jill B. Johnson, MD
- David F. Williams, MD, MBA
- Edwin H. Ryan Jr., MD
- Sundeep Dev, MD
- Robert A. Mittra, MD
- Polly A. Quiram, MD, PhD
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OUR PHONES ARE ANSWERED 24 HOURS  
A DAY. IF CALLING LONG DISTANCE  
PLEASE DIAL TOLL FREE 1-800-VRS-2500.  
WWW.VRSSURGERY.COM

## Appointment Location (see Map for clinic directions)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> EDINA<br/>Centennial Lakes Office Park<br/>3601 W. 76th St., Suite 300<br/>Edina, MN 55435<br/>PHONE (952) 929-1131 • FAX (952) 929-8873</li> <li><input type="checkbox"/> ST. PAUL<br/>Court International<br/>2550 University Ave. W., Suite 135N<br/>St. Paul, MN 55114<br/>PHONE (651) 644-8993 • FAX (651) 644-8994</li> <li><input type="checkbox"/> PLYMOUTH<br/>WestHealth Office Building<br/>2855 Campus Drive, Suite 510<br/>Plymouth, MN 55441<br/>PHONE (763) 550-1002 • FAX (763) 550-1003</li> <li><input type="checkbox"/> ST. CLOUD<br/>Midsota Center<br/>3701 12th Street North, Suite 102<br/>St. Cloud, MN 56303<br/>PHONE (320) 654-8353 • FAX (320) 654-8663</li> <li><input type="checkbox"/> DULUTH<br/>North Shore Bank Place<br/>4815 West Arrowhead Road, Suite 210<br/>Hermantown, MN 55811<br/>PHONE (218) 625-5020 • FAX (218) 625-8179</li> <li><input type="checkbox"/> BLAINE<br/>11091 Ulysses Street NE., Suite 200<br/>Blaine, MN 55434<br/>PHONE (763) 235-4104 • FAX (763) 755-0277</li> <li><input type="checkbox"/> WOODBURY<br/>7115 Tamarack Rd, Suite 100<br/>Woodbury, MN 55125<br/>PHONE (651) 361-8100 • FAX (651) 361-8101</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> MINNEAPOLIS<br/>Park Avenue Medical Building<br/>710 E. 24th Street, Suite 103<br/>Minneapolis, MN 55404<br/>PHONE (612) 746-1515 • FAX (612) 746-5534</li> <li><input type="checkbox"/> EDINA SPECIALTY SURGERY CENTER<br/>4100 Minnesota Dr., Suite 200<br/>Edina, MN 55435<br/>PHONE (952) 996-9600</li> <li><input type="checkbox"/> CENTENNIAL LAKES SURGERY CENTER<br/>7373 France Ave S., Suite 404<br/>Edina, MN 55435<br/>PHONE (952) 832-9360</li> <li><input type="checkbox"/> PHILLIPS EYE INSTITUTE<br/>2215 Park Avenue South<br/>Minneapolis, MN 55404<br/>PHONE (612) 775-8800</li> <li><input type="checkbox"/> MINNETONKA AMBULATORY SURGERY CENTER<br/>15450 Highway 7, Suite 200<br/>Minnetonka, MN 55345<br/>PHONE (763) 581-8950</li> <li><input type="checkbox"/> HIGH POINTE SURGERY CENTER<br/>8650 Hudson Blvd N., Suite 235<br/>Lake Elmo, MN 55042<br/>PHONE (651) 702-7400</li> </ul> |
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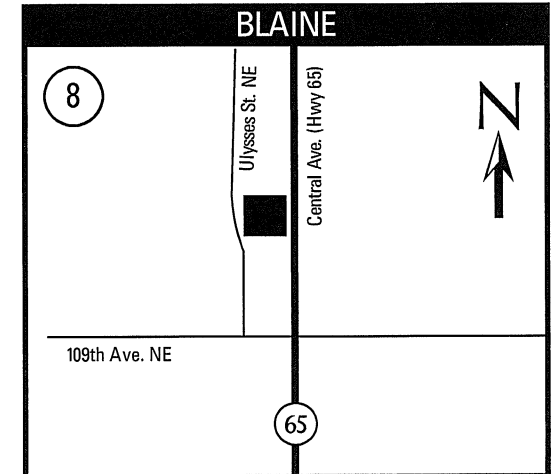
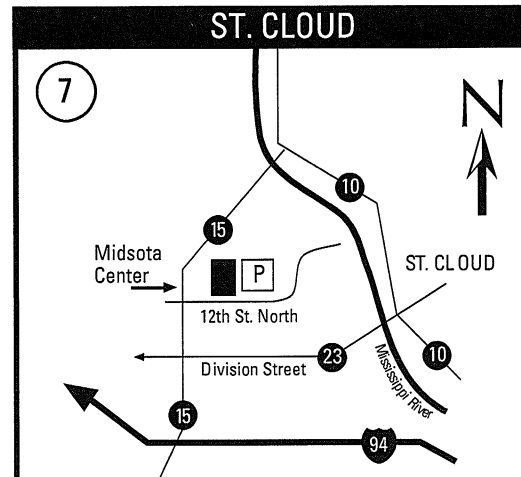
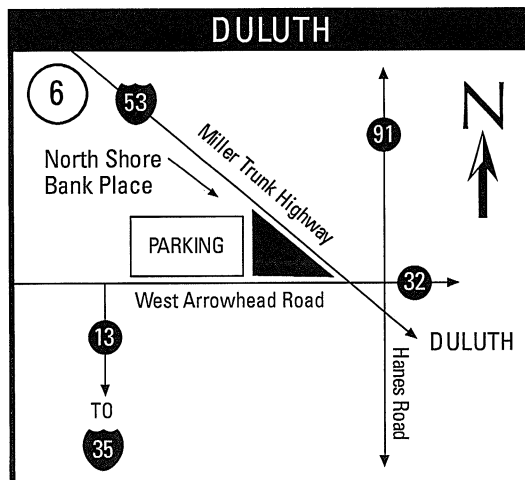
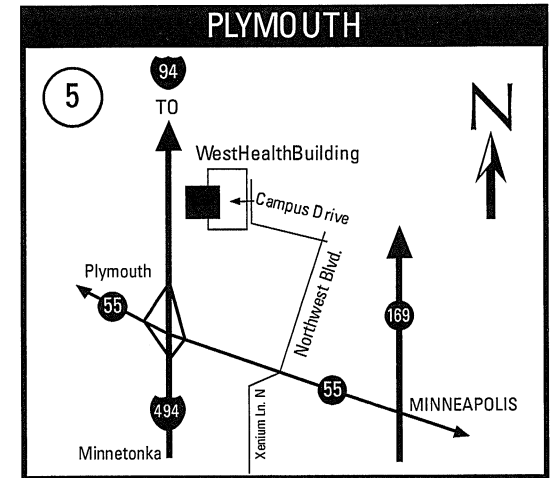
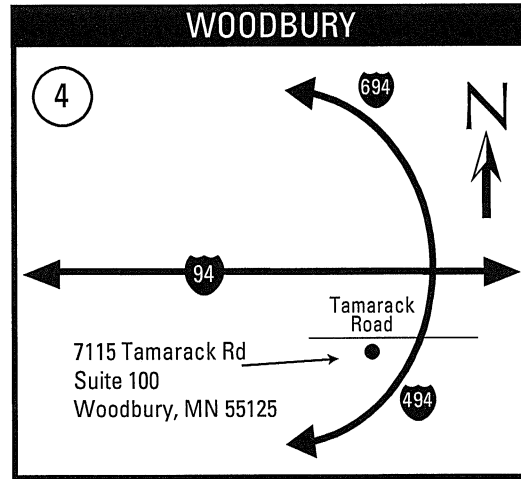
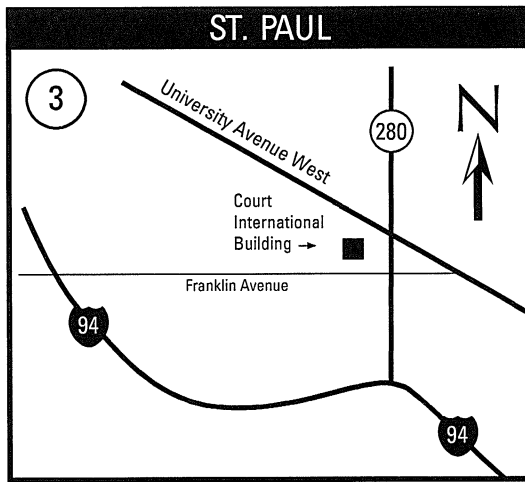
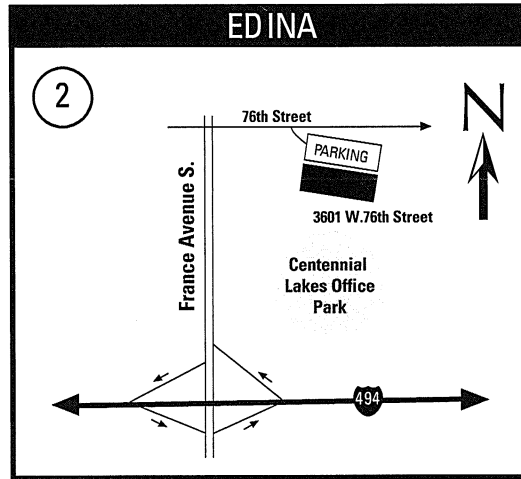
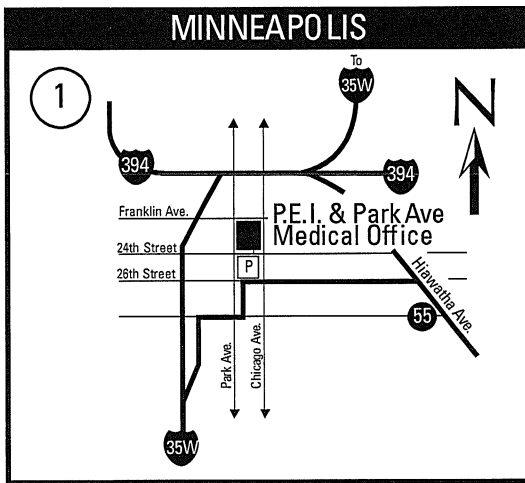




Vitreoretinal Surgery, PLLC

# Clinic Directions

Revised October 2020



# MEDICAL HISTORY QUESTIONNAIRE

PATIENT NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

MEDICATIONS:

PAST EYE SURGERIES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently have any problems in the following areas?	N	Y	DESCRIBE
RECENT ILLNESS			
EAR NOSE THROAT (hearing, sinus)			
HEART (chest pain, heart rhythm)			
RESPIRATORY (asthma, emphysema)			
KIDNEY/URINARY (infections, stones)			
BONES (arthritis, fractures)			
SKIN (rashes, lesions, cancer)			
NEUROLOGICAL (strokes, seizures, dizziness)			
EMOTIONAL (anxiety, depression)			
ENDOCRINE (thyroid, weight changes)			
BLOOD (anemia, bleeding, bruising)			
ALLERGIES (medication, tape, environmental, dye, fluorescein, latex)			

HAVE YOU BEEN IN THE HOSPITAL RECENTLY? IF SO WHAT FOR?

\_\_\_\_\_

ARE YOU DIABETIC? \_\_\_\_\_ HOW LONG? \_\_\_\_\_ UNDER CONTROL? \_\_\_\_\_

DO YOU HAVE HIGH BLOOD PRESSURE? \_\_\_\_\_ CANCER? \_\_\_\_\_ TYPE? \_\_\_\_\_

OTHER MEDICAL PROBLEMS \_\_\_\_\_

HAVE YOU HAD ANY MAJOR SURGERIES IN YOUR LIFE? \_\_\_\_\_ WHAT TYPE? \_\_\_\_\_

FAMILY HISTORY: GLAUCOMA \_\_\_\_\_ DIABETES \_\_\_\_\_ RETINAL DETACHMENT \_\_\_\_\_ MACULAR DEGENERATION \_\_\_\_\_

WHO HAS IT: \_\_\_\_\_

WHAT IS YOUR OCCUPATION? \_\_\_\_\_

DO YOU DRIVE? \_\_\_\_\_ DO YOU SMOKE? \_\_\_\_\_ DO YOU DRINK ALCOHOL? \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# VitreoRetinal Surgery, PLLC

## Financial Policy

### **Insurance**

You are ultimately responsible for the cost of your care at VRS. Please bring your insurance card(s) with you to every office visit. Accurate, up-to-date, and complete insurance information, and an understanding of your insurance carriers policies regarding co-payments and deductibles will minimize the potential for financial surprises and misunderstandings.

The VRS Business Office phone number is (952) 897-1175. **If you are a new patient to VRS**, please call the VRS business office prior to your first visit to our practice to provide your complete insurance information. **If you are an existing patient whose insurance has changed**, please call the VRS business office promptly to inform us of your new insurance information. If you have questions about our participation in your insurance program or health plan, you may call your insurance plan or our business office. ***We are participating physicians in Medicare.***

***If you do not have insurance we require payment of initial estimated charges (minimum \$350) at the time of service.*** See Self-Pay Policy on back of this page.

### **Picture Identification**

Due to widespread insurance fraud and identity theft, picture identification is required when you register in our office.

### **Insurance Required Co-pays**

Insurance required "Co-pays" are due at the time of service. If you are unable to make this payment, we will reschedule your appointment to a time when you are able to pay your co-pay. You may also contact our Business Office ***prior*** to your appointment at (952) 897-1175 to make financial arrangements.

### **Payment options**

Our office accepts cash, checks and credit card payments.

### **Submission of Claims**

As a courtesy, we will bill your insurance for all services. If there is a remaining balance due after your insurance carrier pays, VRS will send you an invoice. You have 30 days to make payment on the invoice. Any account not paid within 30 days of billing will be considered delinquent. Payment arrangements can be made for special circumstances by contacting the Business Office at (952) 897-1175.

We urge you to keep your account current to avoid any misunderstandings with our office. Account balances past due over 30 days may be sent to an outside agency for collections. If your account is sent to collections, the account is out of our hands. If you need to make special payment arrangements, it is your responsibility to contact our Business Office before your account is turned over to an outside agency.

### **Self-Pay Policy**

All cash patients and patients without valid insurance information are considered Self-Pay Patients and must pay for services at the time the service is provided. All Self-Pay Patients must contact our Business Office at (952) 897-1175 prior to your appointment. ***A minimum deposit of \$350 is required prior to being seen by our technical staff and physicians.*** If you and your physician determine that you need additional appointments, treatment or testing, you should contact the Business Office to make payment arrangements prior to scheduling. If you suffer from financial hardship and desire consideration of alternate payment options you will be asked to complete a Hardship Application

### **Other Charges You May Incur**

If we are asked to complete additional forms or reports for you there may be additional charges. These fees will **not** be billed to your insurance company. VRS may charge fees for the following:

- Disability forms
- FMLA forms
- Copies of medical records
- Returned checks

### **Check Processing**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction. For inquiries, please call (952) 897-1175.

**I have read the VitreoRetinal Surgery, PLLC financial policy and have been given an opportunity to ask questions on any points that I did not understand. I agree to abide by the policy.**

Signature of Patient/Guardian

Date

\_\_\_\_\_

\_\_\_\_\_

Patient Name

\_\_\_\_\_



***You have been scheduled for an Urgent Evaluation  
with VitreoRetinal Surgery.***

**Important Information About Your Evaluation. Please Read:**

1. Based on your scheduled Evaluation, your VRS Retinal Physician will determine if/when surgery is recommended. Forms of surgical care vary significantly. If surgery is recommended, your VRS physician will review your specific surgical plan with you.
2. If surgery is recommended, the day and time will be communicated to you, following your Evaluation. Next, you will meet with a Surgical Coordinator who will review additional details, including: the location of your surgery, your insurance coverage, the recovery process, etc. Both the surgical facility and surgeon will be determined, based on urgency.
3. Retinal surgeries require very specialized equipment, in a sterile operating room and cannot be performed in the clinic where you will be evaluated.
4. All VRS surgical facilities are located in the Minneapolis / St. Paul area. If you are traveling from outside the metro, you will need arrangements for overnight accommodations.
5. You will need a driver, to and from your Evaluation. You will also need to make plans to have someone stay with you overnight, if surgery is performed.
6. It is important that you do not eat or drink anything 8 hours prior to surgery, and surgery could possibly be scheduled within 1-2 hours following your Evaluation. Failure to accommodate this requirement may result in the delay or postponement of surgery.
7. On the day following surgery, plan on being seen again, for a post-op evaluation. (Again, you will need a driver.) This Evaluation allows our doctors to check your eye pressure and rule out any evidence of infection. After this evaluation you can schedule future appointments at the clinic most convenient for you. For additional information:

***Call Toll-free: 800-877-2500 or Visit: [www.VRSsurgery.com](http://www.VRSsurgery.com)***

**Clinic Locations of VitreoRetinal Surgery PLLC**

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