



Vitreoretinal Surgery, PLLC

EDINA

Centennial Lakes Office Park
3601 W 76th 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 - 12th 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

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.

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.



***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

Clinic Locations of VitreoRetinal Surgery PLLC

- **Blaine:** 11091 Ulysses Street NE, #200 Blaine 763-235-4104
- **Duluth:** North Shore Bank Place 4815 W Arrowhead Rd #210 Hermantown 218-625-5020
- **Edina:** Centennial Lakes Office Park 3601 W 76th St, Suite 300 Edina 952-929-1131
- **Minneapolis:** Park Avenue Medical Bldg. 710 E 24th Street #103 Mpls. 612-746-1515
- **Plymouth:** WestHealth Office Bldg. 2855 Campus Drive #510 Plymouth 763-550-1002
- **St. Cloud:** Midsota Center 3701 12th St. N #102 St. Cloud 320-654-8353
- **St. Paul:** Court International 2550 University Ave. W, #135N St. Paul 651-644-8993
- **Woodbury:** 7115 Tamarack Rd Suite 100 Woodbury 651-361-8100

Appointment Date

Your appointment is scheduled for:

DATE:

TIME:

LOCATION:

SPECIAL INSTRUCTIONS:

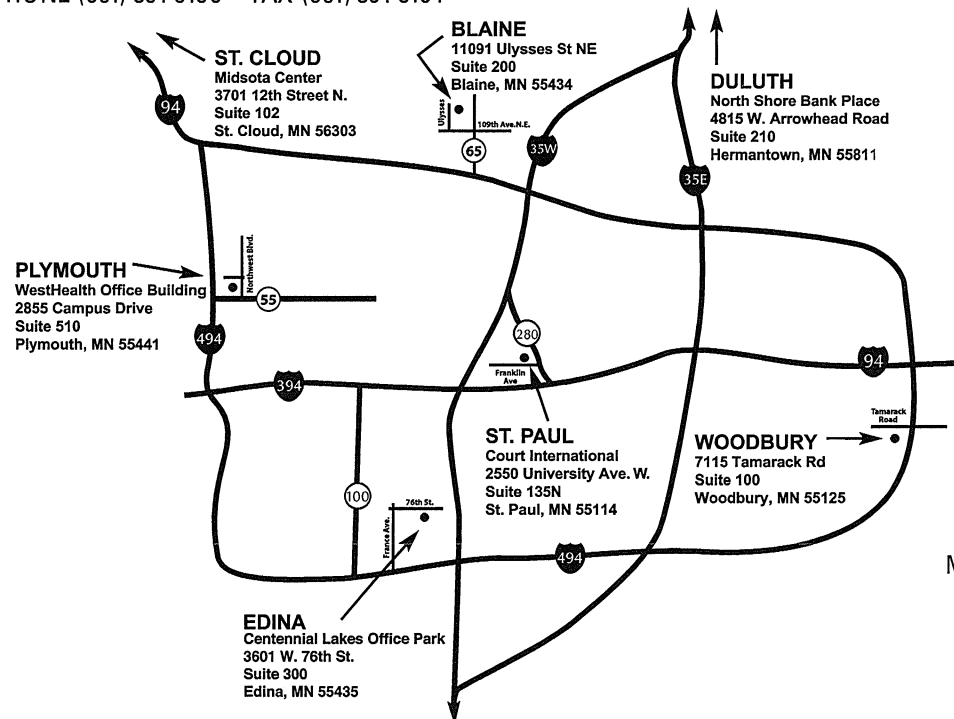
Your appointment is with the following physician:

- 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
- John B. Davies, MD
- D. Wilkin Parke III, MD
- Peter H. Tang, MD, PhD
- Ananth Sastry, MD
- Peter J. Belin, MD
- Sushant Wagley, MD

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"> <input type="checkbox"/> EDINA
Centennial Lakes Office Park
3601 W. 76th St., Suite 300
Edina, MN 55435
PHONE (952) 929-1131 • FAX (952) 929-8873 <input type="checkbox"/> ST. PAUL
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7115 Tamarack Rd, Suite 100
Woodbury, MN 55125
PHONE (651) 361-8100 • FAX (651) 361-8101 | <ul style="list-style-type: none"> <input type="checkbox"/> MINNEAPOLIS
Park Avenue Medical Building
710 E. 24th Street, Suite 103
Minneapolis, MN 55404
PHONE (612) 746-1515 • FAX (612) 746-5534 <input type="checkbox"/> EDINA SPECIALTY SURGERY CENTER
4100 Minnesota Dr., Suite 200
Edina, MN 55435
PHONE (952) 996-9600 <input type="checkbox"/> CENTENNIAL LAKES SURGERY CENTER
7373 France Ave S., Suite 404
Edina, MN 55435
PHONE (952) 832-9360 <input type="checkbox"/> PHILLIPS EYE INSTITUTE
2215 Park Avenue South
Minneapolis, MN 55404
PHONE (612) 775-8800 <input type="checkbox"/> MINNETONKA AMBULATORY SURGERY CENTER
15450 Highway 7, Suite 200
Minnetonka, MN 55345
PHONE (763) 581-8950 <input type="checkbox"/> HIGH POINTE SURGERY CENTER
8650 Hudson Blvd N., Suite 235
Lake Elmo, MN 55042
PHONE (651) 702-7400 |
|---|--|



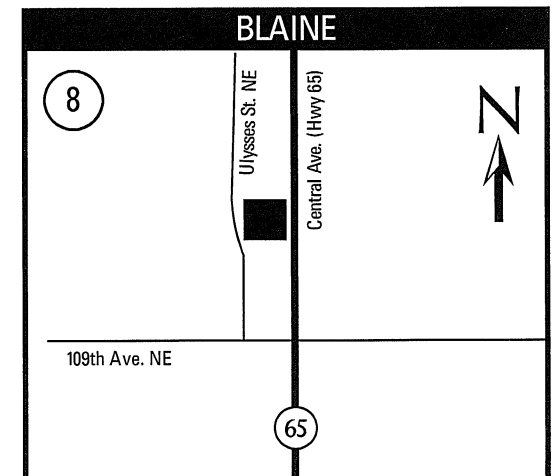
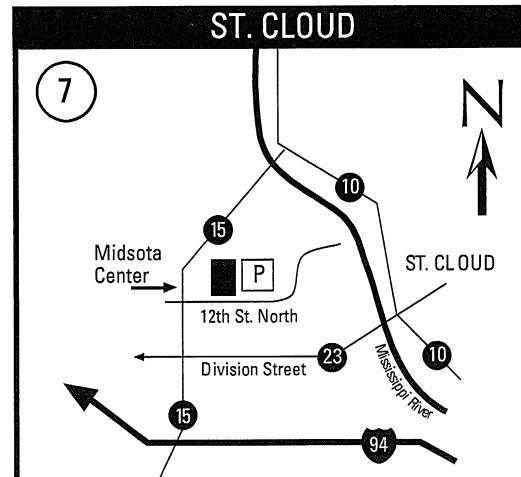
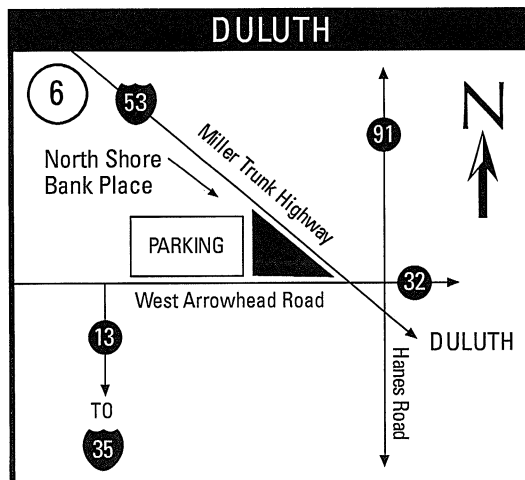
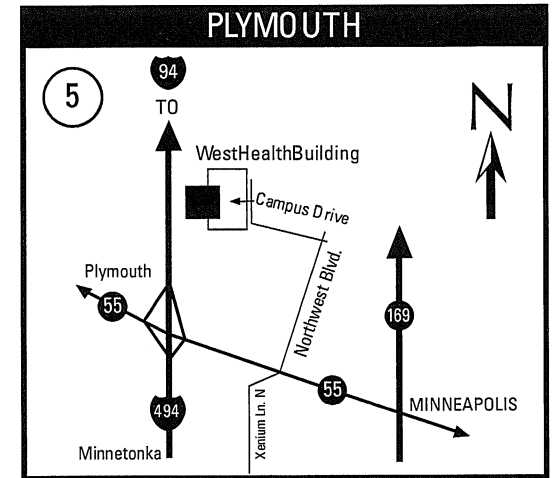
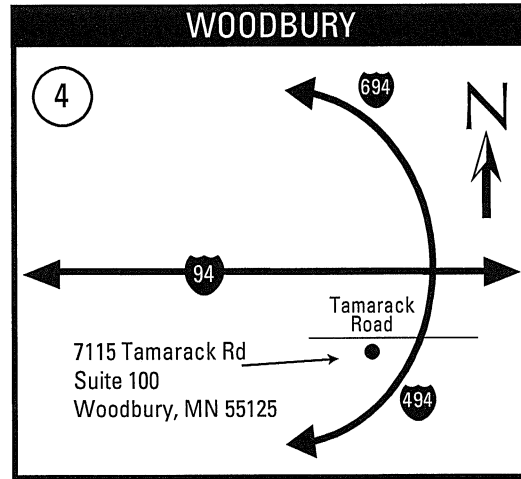
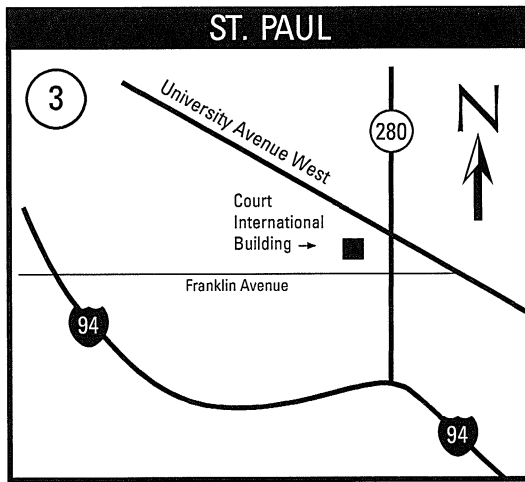
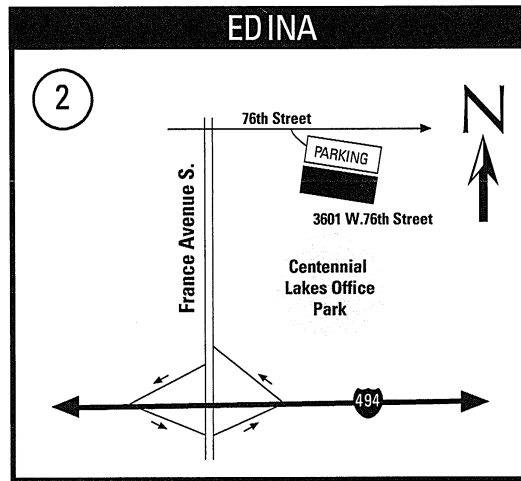
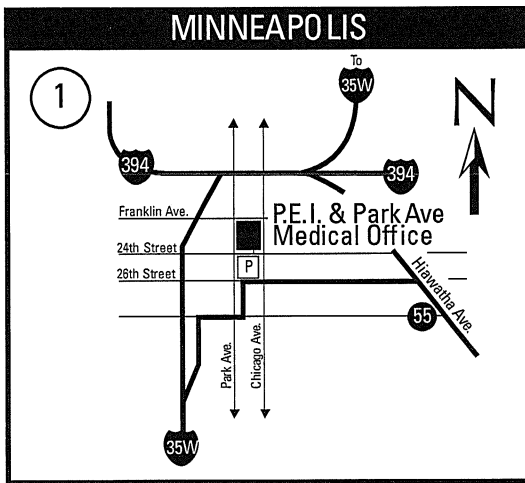
Map not to scale



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
