RAYNER EYE CLINIC, LLC

Revised 09/17

2606 S. Lamar. Oxford, MS 38655
(662) 234-6551 1-800-237-3430

6762 Getwell Road. Southaven, MS 38672
(662) 890-1112

Dear Patient,

I would like to extend a warm welcome on behalf of all Rayner Eye Clinic staff. We appreciate your trust and confidence in our ability to aid in handling your eye care needs. Our excellent team of doctors are dedicated to doing everything possible to help improve your eyesight, increase your quality of life, and meet your expectations with the care that they offer. Our committed staff will make sure your visit is a pleasant experience and we take great pride in providing you exceptional patient care. Please have the new patient forms completed and bring them with you to your appointment. Should you have any questions or concerns regarding your upcoming appointment, please feel free to contact our clinic. If you have any questions regarding cataract surgery specifically and all that it entails, please ask to speak with myself, Alicia Sides, surgery coordinator. Thank you again for choosing Rayner Eye Clinic and we all look forward to seeing you soon.

Sincerely,

Alicia Sides
Surgical Coordinator

Your appointment with our clinic is on _____ at _____.

RAYNER EYE CLINIC, LLC

2606 South Lamar Blvd. Oxford, MS 38655
38672
(662) 234-6551 1-800-237-3430

6762 Getwell Road. Southaven, MS

(662) 890-1112

Dear Patient,

We welcome you to Rayner Eye Clinic and appreciate your trust and confidence in our ability to aid in handling your eye care needs. Our team of doctors and staff are dedicated to doing everything possible to make sure your visit is a pleasant experience, and we are all looking forward to helping improve your eyesight. We have included some of our office policies below for review and if you have any questions, please do not hesitate to contact our clinic.

Office Hours

	Oxford	Southaven
Mon-Thurs	7:30am-5:00pm	8:00am-5:00pm
Friday	7:30am-4:00pm	8:00am-2:00pm
Sat/Sun	closed	closed

In case of any ocular emergency after business hours or on the weekends please call 662-234-6551 and one of our doctors will be contacted.

Medical Insurance

Please bring your ID and medical insurance card(s) with you at the time of your appointment. If you have an insurance policy that requires a referral, please contact your primary care provider to request one if a referral has not been previously obtained. Our clinic will file a claim with your insurance provider in a timely manner and you will be contacted if there are any overages you are responsible for.

Refraction and Examination

A refraction measures whether a decrease in vision is correctable with a pair of glasses or if it is a side effect of a serious disorder or disease. A thorough examination will always require a refraction. This service is not covered by medical insurance and the fee is due at the time services are rendered.

Contact Lenses

New contact lens wearers or patients new to our practice will require a fitting and follow up appointment. This service is not covered by medical insurance and the fee is due at the time services are rendered.

Release of Medical Records

Our clinic requires an authorized signature to release all medical records to effectively protect our patient's privacy.

Financial Agreement

I fully understand that I am responsible for all charges associated with my account including, but not limited to examination fees, collection fees, court costs, attorney fees, and another charge that may be accrued during the collection of a balance due. I also understand that my account with this provider and its doctors is considered an open account. If I have a previously overdue balance, I understand that payment or payment arrangement must be made prior to any further visits.

I hereby assign, transfer, and turn over to Rayner Eye Clinic all my rights, title, and interest to medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine these benefits. The authorization shall remain valid until written notice is given by myself revoking said authorization. I understand that I am financially responsible for all charges whether or not they are covered by insurance.

Patient's Signature: _____ Date: _____

RAYNER EYE CLINIC & SURGERY CENTER

CATARACT PRE-OPERATIVE INSTRUCTIONS

EMILY T. GRAVES, M.D. CASON B ROBBINS, M.D.

1ST SURGERY DATE: _____ **AM or PM**

2ND SURGERY DATE: _____ **AM or PM**

Our clinic is looking forward to helping to improve your eyesight and offering the best treatment available. We are dedicated to doing everything possible to make sure your surgery is a pleasant experience.

On the date of your surgery, please go directly to the Desoto Surgery Center OR Memphis Surgery Center at the appointment time that is dictated by the surgery center.

** Rayner Eye Clinic DOES NOT schedule the exact appointment time of your surgery. You will receive a phone call from the facility the week prior with that information Someone must accompany you who will be able to stay in the center throughout the duration of the surgery. They must also provide you transportation home once the surgery is complete. Your approximate time there may vary, but a total average time can range from 3-5 hours.

You will have 1 day and I-week post-operative appointments that will be given to you in your post-surgery instruction sheet following surgery.

If you need to reschedule your surgery for any reason, please call our office as soon as possible as surgery spots are limited. We will not change your surgery appointment date or time without speaking to you directly first.

If you have any questions regarding your surgery, please contact our office at (662) 890-1112.

BILLING INFORMATION:

In addition to making sure you know where to go on the surgery day, our clinic would also like to make you aware of our billing procedures. Our staff will be in contact with your insurance carrier(s) to obtain prior approval (if necessary), deductible amounts, out of pocket expenses, etc. If you have **Medicare** with no supplemental insurance, you will be responsible for the remaining 20% not covered by this plan. Any out-of-pocket expenses must be collected prior to having surgery and a member of each institution's staff will contact you regarding any fees due in a timely manner. You will be receiving separate charges/bills from the physician, facility and anesthesia providers.

Rayner Eye Clinic- Surgeon fees
6762 Getwell Road
Southaven, MS 38672
**for questions regarding fees due prior to surgery, please call 662-890-1112*
**for billing inquiries after surgery, please call 662-234-1766*

Desoto Surgery Center- Facility fees
391 Southcrest Circle, Suite 100
Southaven, MS 38671
**for billing inquiries, please call 662-349-0910*

Memphis Surgery Center - Facility fees
1044 Cresthaven Rd
Memphis, TN 38119
**for billing inquiries, please call 901-682-1516*

Please be aware that on most occasions, the facility and the anesthesiologist will only be available for your specific bill questions after surgery has been performed as they will have no information on your case prior to being seen. You are more than welcome to contact your insurance carrier for any questions regarding possible out of pocket expenses.

If you have any further questions regarding surgery, insurance, or eye care in general, please do not hesitate to contact our office. We are all looking forward to helping improve your eyesight and are extremely grateful for the trust you put in our team.

Rayner Eye Clinic

Please pay special attention to the following:

- Rayner Eye Clinic will be calling in your post-operative drops or ointments before your surgery date when time permits- check with your pharmacy if they have not contacted you directly. Do not start any post-op drops/ointments prior to surgery unless instructed by clinic staff. IF YOUR THREE SEPARATE DROPS ARE TOO COSTLY, RAYNER EYE CLINIC SELLS A ONE DROP COMBINATION BOTTLE FOR $40.00- YOU WOULD NEED ONE BOTTLE PER EYE.
- If you are currently on drops for dry eye or glaucoma, do not discontinue use unless directed by your surgeon.
- Instructions for the day of surgery will be discussed with you directly by the Desoto Surgery Center when they call to discuss your specific arrival time. Important instructions are also located in the green colored packet you were given on the day of your evaluation and will give you a good idea of what to expect during that call. Appropriate medication stoppage will also be discussed.
- Bring sunglasses to wear outdoors after surgery.
- Refrain from wearing makeup and perfume/cologne and it is recommended you leave all valuables/jewelry at home.
- The surgery center staff, anesthesiologist, or your surgeon all reserve the right to cancel/change the order of surgeries at any time at their discretion or due to non-compliance of preoperative instructions.