

[] BLOOMINGTON EYE INSTITUTE OR [] GAILEY EYE SURGERY - DECATUR

309-827-2020

1008 N. Center St. Bloomington, IL 61701

217-875-2600

646 W. Pershing Rd. Decatur, IL 62526

LASER/INTRAOCULAR INJECTION PROCEDURE INFORMATION

You should have been given a “Patient Rights and Responsibilities” sheet that outlines your rights and responsibilities as a patient, as well as statements on the surgery center’s policy on advance directives and facility ownership. If you did not receive this form, or want further clarification regarding this form, please call us at the appropriate phone number listed above and ask for a pretesting nurse to answer your questions.

The **Surgery Center** is open from **7am - 5pm, Monday through Thursday**. Approximately two days prior to your procedure, you will receive a call with instructions on your arrival time. If you have not received a phone call, please call the day before and ask to speak to a nurse.

The Day of your Procedure: Date: _____ Time of Arrival: _____

- You may eat, drink, and take all your usual medications the morning of your procedure.
- **Wear** comfortable clothing and a short-sleeved shirt.
- All patients and visitors **must wear a mask** upon entry and while inside the ASC when county COVID-19 transmission levels are **high**- a notice stating whether masks are optional or required will be posted on the entry door.
- **Remove all jewelry and metal objects and leave at home.**
- If you were asked to purchase eye medications for use after your procedure, please bring them with you.
- **Bring someone with you to drive you home the day of your procedure unless you have been instructed otherwise. Your driver is to be present at the facility from the beginning of your surgical procedure until you are discharged.** We recommend drivers not enter the ASC unless necessary; if entering the ASC, drivers must be symptom free. If a visitor feels they need to wait inside, please notify surgery center staff.
- Bring a **photo I.D., current insurance cards, any advance directives** (*ie: living will or power of attorney for healthcare*).
- Bring appropriate amount and method of payment if you were asked to do so.
- You will be asked to sign consents; in the case of minors, the consents must be signed by a parent or legal guardian.
- THE ASC IS NOT RESPONSIBLE FOR ANY PERSONAL ITEMS YOU BRING IN.
- See additional surgical information at: Gaileyeyeclinic.com

Billing Information and Addresses:

The patient is responsible for contacting their insurance provider to verify insurance coverage for each of the individual services listed below.

1. Physician Fee

Gailey Eye Clinic: 1-800-325-7706 or 1-309-829-5311

This charge is for the doctor’s fee. Please contact the clinic for specific questions concerning this portion of your bill.

2. Surgical Facility Fee (Please call the correct surgery center you will be having your procedure)

Bloomington Eye Institute: 1-309-827-2020 1008 North Center St, Bloomington, IL 61701

Gailey Eye Surgery – Decatur: 217-875-2600 646 W. Pershing Rd, Decatur, IL 62526

This charge is for the surgical facility, equipment/supplies, and support staff.

The day/s of your surgery we require and will collect any co-payments, co-insurance and/or deductibles; please be prepared to make this payment. The surgery center accepts Visa, MasterCard, Discover, money orders, cash (exact change please) and personal checks that are provided to us 7 business days **in advance** of your procedure. Please contact the appropriate surgery center for specific questions concerning this portion of your bill.