

PATIENT RIGHTS AND RESPONSIBILITIES

(Including Disclosures Regarding Bloomington Eye Institute's/Gailey Eye Surgery-Decatur's Advanced Directive Policy and Facility Ownership)

Bloomington Eye Institute/Gailey Eye Surgery-Decatur recognizes the importance of providing the best possible care for each patient, while focusing on their individual needs. Accordingly, we also recognize the importance of the following patient rights and responsibilities.

As the patient or patient's representative you have the right to:**

- Receive medical care and treatment that respects your personal values and beliefs and addresses your individual needs.
- Receive information regarding the condition you are being treated for, including treatment, possible outcome, proposed procedures and risks involved with those procedures in terms you are able to understand.
- Participate in decisions regarding your medical care, including the right to accept or refuse medical or surgical treatment and to be informed of the medical consequences of refusing treatment.
- Consent or refuse to consent to the photographing or videotaping of your procedure or the admittance of observers in the operating room to view your procedure.
- Be free of any restraints unless needed for the purpose of protecting you or others from injury.
- Receive appropriate assessment and management of pain.
- Privacy, security, and confidentiality of your medical record information, including the right to review these records within a reasonable time period. In addition, only those individuals who are legally authorized to do so will be allowed to have access to your medical records.
- Have an advanced directive that states your wishes regarding treatment and authorizes someone to represent you in decision making related to your healthcare in the event you are unable to do so.
- Be provided on request with appropriate information from the State of Illinois regarding Advance Directives as well as copies of official Advance Directive forms from the State of Illinois.
- Know that the policy at Bloomington Eye Institute/Gailey Eye Surgery-Decatur is to provide immediate resuscitative emergency care and basic life support measures if a medical emergency should arise, but will transfer you to an acute care hospital which will make any decisions about following any advance directive or living will.
- Receive safe and competent care in a setting free from any kind of abuse or harassment.
- Be aware of your right to protective services when you feel your circumstances indicate this need.
- Receive any needed help with communication through interpreters or required assistive devices.
- Know that Bloomington Eye Institute/Gailey Eye Surgery-Decatur is an independent limited liability company owned by physicians at Gailey Eye Clinic (Drs Ara Aprahamian, Ken Barba, Gregory Halperin, Joseph Harman), 1008 North Center St., Bloomington, IL 61701. Bloomington Eye Institute/Gailey Eye Surgery-Decatur provides exceptionally high quality care in a specialized outpatient eye surgery center setting to patients needing eye surgery or treatment.
- Share your comments, concerns, or complaints about your care with us. **Bloomington Eye Institute patients:** call 309-827-2020 to speak with someone in patient accounts regarding any questions with your bill, or contact Denise McKown, RN, Director of Bloomington Eye Institute with any comments or concerns about your care. Her office is located at Bloomington Eye Institute, 1008 North Center St., Bloomington, IL 61701. **Gailey Eye Surgery-Decatur patients:** call 217-875-2600 to speak with someone in patient accounts regarding any questions with your bill, or contact Jody Cramer, RN, Director of Gailey Eye Surgery-Decatur with any comments or concerns about your care. Her office is located at Gailey Eye Surgery-Decatur, 646 W. Pershing Rd., Decatur, IL 62526.

At any time you may submit your concerns to the following:

**Illinois Department of Public Health
Office of Healthcare Regulation**
525 W. Jefferson St., 5th Floor, c/o Deputy Director
Springfield, IL 62761-0001
Phone: 1-800-252-4343 or 217-782-2914; Fax: 217-524-6292

Medicare Ombudsman Website
<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

**** If the patient is a minor (not of legal age), these rights may apply to the patient's parent or guardian.**

As the patient or patient's representative you are responsible for:**

- Providing to the best of your ability accurate and complete information about your current health and medications you are taking, your medical history, including past illnesses and hospitalizations, any sensitivities or allergies to drugs or other agents, and any other matters relating to your health.
- Informing appropriate healthcare staff of any unexpected changes or reactions while under our care here at Bloomington Eye Institute/Gailey Eye Surgery-Decatur.
- Asking questions if you do not understand your plan of care or treatment.
- Providing accurate and complete insurance information to assure claims are processed properly, and paying any financial obligations remaining after insurance payments as promptly as possible.
- Informing healthcare providers of any advance directives that are in effect.
- Should you need to cancel your procedure, you are responsible for notifying appropriate healthcare providers in a timely manner.
- Following the instructions given to you by your healthcare provider.
- Accepting any consequences for refusing treatment or not following your healthcare provider's instructions.
- Following Bloomington Eye Institute/Gailey Eye Surgery-Decatur rules and regulations affecting patient care, conduct, and safety.
- Being considerate of the rights of other patients and anyone accompanying them as well as Bloomington Eye Institute/Gailey Eye Surgery-Decatur staff.
- Assisting with the control of noise and distractions and observing the no smoking policy.
- Informing appropriate healthcare providers if you feel your rights have been or may be violated.

**** If the patient is a minor (not of legal age), these responsibilities may apply to the patient's parent or guardian. X_____ (Pt initials)**
bei shared/chart contents/pts R&R/Finance-pt copy 07-31-2024 dm

Financial Policy

Bloomington Eye Institute, LLC	1008 N. Center St., Bloomington, IL, 61701	309-827-2020
Gailey Eye Surgery-Decatur, LLC	646 W. Pershing Rd., Decatur, IL 62526	217-875-2600
Gailey Eye Clinic, Ltd.	1008 N. Main St., Bloomington, IL 61701	309-829-5311

Thank you for choosing Bloomington Eye Institute, LLC/Gailey Eye Surgery-Decatur, LLC/Gailey Eye Clinic, Ltd. as your healthcare provider. Giving you the best care possible is our commitment to you. Please carefully review the following information provided so you have a clear understanding of our financial policy.

We will bill your insurance as a courtesy to you with a copy of your current insurance card(s). **It is vital that you provide us with the correct insurance information.** If your claim is not paid due to incorrect billing information, you will be responsible for the balance.

Bloomington Eye Institute, LLC/Gailey Eye Surgery-Decatur, LLC/Gailey Eye Clinic, Ltd. requires payment of applicable deductible, copayment, and coinsurance prior to surgery. If you have no insurance or have a high deductible insurance plan, be prepared to pay for your procedure in full on the date of service. We will estimate your responsibility to the best of our ability, but this may be more or less than the actual insurance payment. You will be either billed for the remainder or refunded for the overpayment in a timely manner. Also, be aware that some or possibly all services provided may be non-covered services and not considered reasonable and necessary under Medicare and/or insurance guidelines, which would make them your responsibility. We will consider payment issues due to extenuating circumstances on a case by case basis.

The patient is responsible for contacting their insurance company to verify insurance coverage for each of the individual services described here:

1. The facility fee is for the surgery facility, equipment/supplies, and support staff.
Bloomington Eye Institute, LLC patients may call 1-309-827-2020 Monday through Thursday 8:00 – 5:00 with any questions.
Gailey Eye Surgery-Decatur, LLC patients may call 1-217-875-2600 Monday through Thursday 8:00 – 5:00 with any questions.
2. Professional services being billed for your procedure(s) include the physician fee. Please contact **Gailey Eye Clinic** at 1-800-325-7706 or 1-309-829-5311 for questions concerning the physician's bill.
3. You may also receive a bill for charges for anesthesia/monitoring.
Bloomington Eye Institute, LLC & Gailey Eye Surgery-Decatur, LLC patients may direct questions to **Anesthesia Pain Services, LLC** at 1-888-987-1489.

In addition to the preceding, there may also be charges for pathology which would include laboratory and/or pathologist services.

We accept the following forms of payment on the day of surgery: cash, cashier's check, debit cards, money order, Discover, MasterCard or Visa credit cards. If paying by personal check, it must be received 7 days prior to your surgery date. CareCredit is acceptable with prior application approval.

Your insurance policy is a contract between you and your insurance company. Since we are NOT a party to that contract, if your insurance company has not paid their portion within 60 days, the full balance will be transferred to patient responsibility.

Bloomington Eye Institute, LLC/Gailey Eye Surgery-Decatur, LLC/Gailey Eye Clinic, Ltd. will institute the collection process for any accounts not paid within 90 days of your first statement. In the event collection efforts become necessary, you will be required to pay all reasonable collection costs up to 40% of the amount owed, plus reasonable attorney fees and court costs. Any returned mail will be sent to collections immediately if no forwarding address information is available. Any checks returned by your bank will be assessed a \$25.00 returned check fee in addition to the entire balance due by guaranteed payment.