STEWART SURGICAL

LASIK

INFORMATION PACKET

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Introduction

DEAR PATIENT

You are receiving this letter because your eye doctor has referred you to me for possible cataract surgery. If you do not have an appointment scheduled, please call 713-558-8732 and my office will be happy to schedule one for you. In an effort to expedite your intake process, included in this packet is paperwork that, as a new patient, you should complete and bring to your appointment.

Patients who are referred to my office for cataract evaluation should expect two visits before the actual procedure occurs. On the first visit, patients are typically at the office for about two hours, during which we perform a complete eye exam including dilation. At that time, you will be educated on new advances in cataract surgery such as laser-assisted cataract surgery with refractive correction or new intra-ocular implants which are helping patients decrease their dependency on distance and reading glasses after cataract surgery. After your examination, you will meet with one of my surgical coordinators to schedule diagnostic testing, surgery paperwork, and, of course, your surgical procedure. For the diagnostic testing, you should plan on being at the office for about one hour, at which time a technician will complete the advanced diagnostic testing and a surgical coordinator will review surgical options and consent forms.

We consider it a privilege to have patients such as you trust their vision to our practice and look forward to seeing you soon. Please do not hesitate to contact us with any additional questions at 713-558-8732.

Sincerely,

Colby Stewart, MD, FACS

STEWART SURGICAL

William Colby Stewart, MD, FACS

MEET DR. STEWART - MEDICAL DIRECTOR

Colby's father, the late Dr. Robert Stewart, was one of the original founding doctors at Houston Eye Associates, one of the largest ophthalmology group practices in the United States. From an early age, Colby's visits to his father's practice provided access to some of the nation's leading ophthalmologists who influenced his passion for helping people through eye care.

EDUCATION

Dr. Colby Stewart attended St. Thomas High School in Houston, Kent Preparatory School in Kent, Connecticut and the University of Texas in Austin, before graduating from the University of Texas Ophthalmology residency program in Galveston in 1996. He completed a six-month fellowship in oculoplastic and reconstructive surgery before moving to Tennessee to join Vision America (a nationwide corporation managed by optometrists). In 1998, he became Board Certified by the American Board of Ophthalmology and was one of the first to be recertified in 2009.

TRAINING

Dr. Stewart spent 1997 through 2003 working exclusively in middle and east Tennessee, including cities such as Nashville, Cookeville, and Knoxville. He worked together with local eye care providers and optometrists as their primary surgeon. He performed oculoplastic procedures, topical anesthetic cataract surgery, glaucoma procedures and a new form of refractive surgery called LASIK. In 1998, he was the first surgeon to perform LASIK in Cookeville and quickly became recognized across Middle Tennessee for his surgical contributions to laser and cataract surgery. Dr. Stewart developed tracking and nomogram software for his LASIK practice that many doctors, including Dr. Stewart, still use today to ensure that patients are appropriate candidates for LASIK and to monitor surgical outcomes. In 2007, Dr. Stewart returned to his hometown to join his father at Houston Eye Associates. During this time, he focused on honing his surgical skills and introducing new techniques to improve surgical outcomes and patient experiences.

INNOVATION

Dr. Stewart was the first surgeon in East Tennessee (Knoxville) to replace the keratome (blade) used in traditional LASIK procedures with the IntraLase Laser. He later invented the Stewart Vibrating IntraLase Spatula. Dr. Stewart has performed over 50,000 successful LASIK surgeries at the time this biography was written. He continues to help patients' vision using LASIK and laser cataract refractive surgery (including multifocal, and astigmatism correcting intraocular implants).

Dr. Stewart was one of the first surgeons to perform topical anesthetic cataract surgery rather than the customary retrobulbar block (needle). Performing topical cataract surgery allowed patients to see immediately after surgery and avoid the use of a bulky patch. With new advances in intraocular implants and surgical incisions (no-stitch surgery), most patients can resume their normal activities the day after surgery.

Dr. Stewart was the first surgeon in Tennessee to use the toric intraocular lens, helping reduce or eliminate astigmatism. He was also one of the first to introduce the multifocal intraocular lens for cataract patients to decrease the need for glasses for both near and distance vision. Dr. Stewart has been published in Ocular Surgery News, participated in over 40 surgical FDA studies and gives lectures for patients and doctors around the country.

PROFESSIONAL

Dr. Stewart is an active member of the American Academy of Ophthalmology, the International Society of Refractive Surgery, and the American Society of Cataract and Refractive Surgery. In 2008, he was asked to be a Fellow of the American College of Surgeons (FACS). He frequently gives continuing education seminars for eye care professionals and works with optometrists and ophthalmologists to co-manage surgical patients. His ophthalmology practice is unique in that he only accepts new patients from referring optometrists and or ophthalmologists and does not practice primary care. In addition, he has no financial interest in optical dispensaries and refers these patients out to primary eye care physicians. This practice philosophy allows him to concentrate and deliver the most advanced surgical care to patients referred to him for anterior segment surgery. He has been a primary and secondary investigator in multiple FDA studies for new advances in both topical medications, surgical instrumentation, and intraocular lens implants.

PERSONAL

Dr. Stewart is married to Shella, and they have three children, an Irish wolfhound and a corgi. They spend their summer weekends deep sea fishing in the Gulf of Mexico and the winter months bird hunting in south Texas. He is an avid (amateur) photographer and videographer and loves to spend time with his family and traveling to new destinations. He also dedicates several weeks a year to mission trips, helping others with his surgical expertise.

STEWART SURGICAL

Tina N. Burr, OD

MEET DR. BURR, OD - CLINICAL DIRECTOR

Dr. Tina N. Burr is a graduate of the University of Houston with a baccalaureate degree in Biology. She earned her Texas Glaucoma Specialist designation in addition to her Doctor of Optometry degree with clinical honors from the University of Houston College of Optometry. She interned with some of the state's leading ophthalmologists at Texan Eye Care in Austin, Texas, and at the Navy Medical Clinic at Quantico, Virginia.

TRAINING & EXPERIENCE

She has been practicing as an optometrist in Texas since 2001 and in the Washington, DC area since 2003. Dr. Burr has vast experience in comprehensive eye care and the medical diagnosis and management of eye diseases and specialty contact lens fits (post surgical and diseased corneas).

As the clinical director of a laser refractive surgery center since 2006, she has extensive knowledge and specializes in consultations, pre and post-operative refractive surgical care and complications. She has been involved in the refractive surgery field since 2001 and regularly lectures on the subject.

RECOGNITION & AWARDS

Dr. Burr is a member of the American Optometric Association, Texas Optometric Association & Harris County Optometric Society, a past Board of Trustees member of the Virginia Optometric Association, and past President of the Northern Virginia Optometric Society. Dr. Burr was voted the 2011 Virginia Optometric Keyperson of the Year by the Virginia Optometric Association (VOA). She currently holds licenses to practice optometry in Washington, DC, Maryland, Virginia and Texas.

Additionally, Tina N. Burr Major, United States Air Force, serves as the Chief Optometrist in the Aeromedical Staging Squadron at Pittsburgh's 911th Reserve Airlift Wing.

Dr. Burr understands that optometry is a legislated profession and is active in preserving optometry's scope of practice and it's rights and privileges. She is proud to work with an ophthalmologist that is pro optometry and appreciates the symbiotic relationship between a patient's primary eye care provider and their surgeon.

PERSONAL

Dr. Burr is fluent in English, Vietnamese, and medical Spanish. She resides in Southwest Houston with her dog Butters. She is a flying trapeze artist, voracious reader, a marginal but enthusiastic golfer, and is interested in dance & fitness.

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Online LASIK Resources

LASIK INFORMATION:

For more information about the LASIK process, LASIK FAQs or our LASIK technology, visit our website:

OUR LASIK RESULTS:

For more information about our track record, to watch patient testimonial videos or to read our Lifetime Enhancement Policy, visit the Results section of our website:

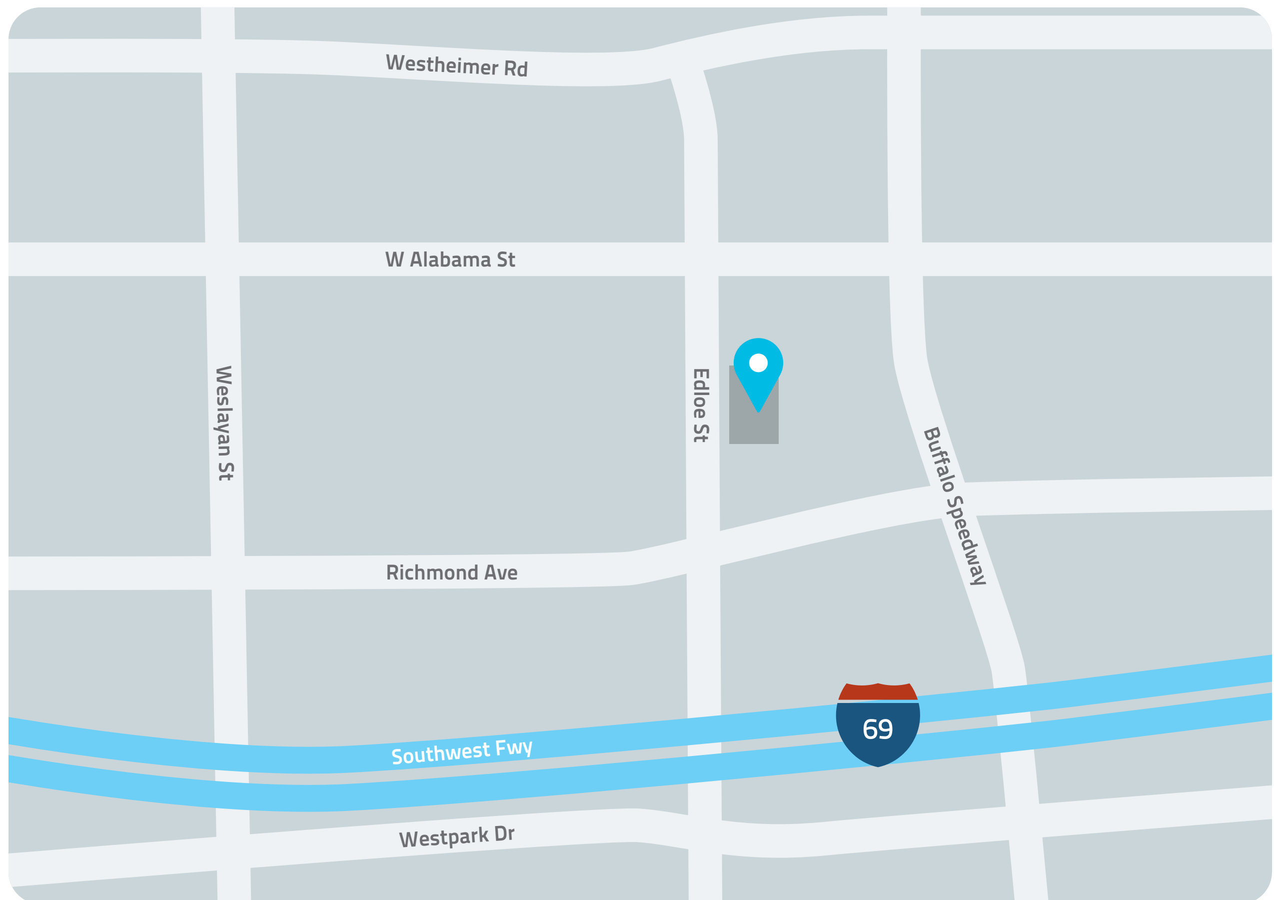
24-MONTH INTEREST-FREE FINANCING:

If you are unable to afford out-of-pocket surgery costs or your insurance does not cover a procedure, we offer 24-month, interest-free financing for qualifying patients. Visit the CareCredit website to see if you qualify for financing.

STEWART SURGICAL

River Oaks Office Map

RIVER OAKS OFFICE



3405 Edloe, | Suite 220 | Houston, TX 77027

STEWART SURGICAL

CATARACT PATIENT

FORMS

STEWART SURGICAL

Email Consent Form

MRN: ______________________________

CONSENT FOR COMMUNICATION VIA EMAIL:

I, ____, hereby consent to have my physician, W. Colby Stewart, MD, communicate with me (or members of his staff, where appropriate or other physicians, nurse practitioners and pharmacists) via e-mailing regarding the following aspects of my medical care and treatment: test results, prescriptions, appointments, billing, etc. I understand that e-mail is not a confidential method of communication. I further understand that there is a risk that e-mail communications between my physician and me or members of any physician's office staff, or between my physician and other physicians, nurse practitioners and pharmacists regarding my medical care and treatment may be intercepted by third parties or transmitted to unintended parties. I also understand that any e-mail communications between my physician and me or members of his office staff, or between my physician and other physicians, nurse practitioners or pharmacists regarding my medical care and treatment will be printed out and made a part or my medical record. I understand that in an urgent or emergent situation, I should call my provider or go to the Emergency Room and not rely on e-mail.

Email Address: ____

Patient Signature: ____ Date: _________________________

STEWART SURGICAL

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY. This page briefly summarizes how we handle your health information, and the pamphlet provides further details of our privacy policies and procedures.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION. We use health information about you for treatment, to get paid for treatment, for administrative purposes, and to evaluate the quality of care that you receive . For example, your health information may be shared with other providers to whom you are referred. Information may be shared by paper, mail, electronic mail, fax, or other methods. We may use or disclose your health information without your authorization for several reasons. If you sign an authorization to disclose information, you can later revoke it to stop any future disclosures.

YOUR RIGHTS. In most cases, you have the right to look at or get a copy of your health information that we use to make decisions about you. You may request that we limit disclosure to family members, other relatives, caregivers, or close personal friends who may or may not be involved in your care. If you request copies, we may charge you a cost-based fee. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe that your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.

OUR LEGAL DUTY. We are required by law to protect the privacy of your health information, provide this notice about our privacy practices, follow the privacy practices that are described in this notice, and seek your acknowledgement of receipt of this notice. We may change our privacy policies any time. Before we make a significant change in our policies, we will change our notice. The notice will be prominently displayed at all Stewart Surgical locations and on our website. You can also request a copy of our notice at any time. For more information about our privacy policies, contact our privacy officer.

PRIVACY COMPLAINTS. If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information, you may contact our privacy officer. You may send a written complaint to the U.S. Department of Health and Human Services. Our privacy officer can provide you with the appropriate address upon request.

IF YOU HAVE ANY QUESTIONS OR COMPLAINTS, please contact:

Houston Eye Associates, Privacy Officer, 2855 Gramercy Houston, TX 77025 | Phone number: (713) 558-8755

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:

Please sign and print your name and provide the date below to acknowledge that you have received the Notice of Privacy Practices.

______________________________	______________________________	________________
Signature of Patient	Patient Name (Print)	Date

I GIVE PERMISSION FOR THE FOLLOWING PEOPLE TO HAVE ACCESS TO MY PROTECTED HEALTH INFORMATION:

Family Members: (Name(s)/Relationship) ____

Friend, Caregiver, etc: (Name(s)/Relationship) ____

Signature ______________________________ Date ____________

STEWART SURGICAL

Patient Medical History

Name: ______________________ Date: ______________ Chart #: ________________

MEDICAL HISTORY: Please answer the following questions; (Circle No or Yes).

1) Do you have any drug, food or latex allergies/sensitivities? NO / YES (If YES, please list and include any reactions.)

2) Have you ever had any eye disease (e.g. glaucoma, cataracts, retinal detachments, etc.)? NO / YES (If YES, please list.)

3) Have you ever had any eye surgeries (including injections or lasers)? NO / YES (If YES, please list with dates.)

4) Do you take any eye medications? NO / YES (If YES, please list with dosage.)

5) Have you ever been treated for any medical conditions (e.g. diabetes, high blood pressure, arthritis, infections, etc.)? NO / YES (If YES, please list.) ______________________

6) Have you ever had any OTHER surgery? NO / YES (If YES, please list.) ______________________

7) Do you take any OTHER medications? NO / YES (If YES, please list with dosage.) ______________________

FAMILY HISTORY: Do any medical or eye diseases run in your family (e.g. diabetes, high blood pressure, cancer, glaucoma, macular degeneration, etc.)? NO / YES (If YES, please list disease(s) and relative.) ______________________

SOCIAL HISTORY: Please circle answer.

1) Do you smoke? Never smoked / Former smoker / Current smoker If current, how many packs per day? __________
2) Do you drink alcohol? NO / YES If yes, how many per day? ______________________
3) Do you use recreational drugs? NO / YES If yes, which drugs and how often? ______________________

CONTINUED

PAYMENT POLICY: Please mark all that apply.

EYES:

- ○ Previous Surgery
- ○ Contact Lens Wearer
- ○ Pain
- ○ Double Vision
- ○ Glaucoma
- ○ Cataracts
- ○ Macular Degeneration
- ○ Dry Eyes
- ○ Flashes of Light
- ○ Floaters
- ○ Lazy Eye
- ○ Blurred Vision

EAR, NOSE & THROAT:

- ○ Hard of Hearing
- ○ Ringing in Ears
- ○ Vertigo
- ○ Hearing Aid(s)

CARDIOVASCULAR:

- ○ Chest Pain
- ○ Dizziness
- ○ Fainting Spells
- ○ Shortness of Breath
- ○ Irregular Heartbeat
- ○ Difficulty Lying Flat

CONSTITUTIONAL:

- ○ Fatigue/Weakness
- ○ Fever
- ○ Weight Gain/Loss

RESPIRATORY:

- ○ Cough
- ○ Congestion
- ○ Wheezing
- ○ Asthma

GASTROINTESTINAL:

- ○ Heartburn
- ○ Nausea/Vomiting
- ○ Jaundice/Hepatitis

GENITO-URINARY:

- ○ Pain/Difficulty Urinating
- ○ Blood in Urine
- ○ History of Kidney Stones
- ○ History of STD's

PSYCHIATRIC:

- ○ Anxiety/Depression
- ○ Mood Swings
- ○ Difficulty Sleeping

ENDOCRINE:

- ○ Increased Thirst
- ○ Increased Hunger
- ○ Increased Urination
- ○ Increased Sweating
- ○ Fingernail Changes
- ○ Diabetes Mellitus

BLOOD/LYMPH NODES:

- ○ Easy Bruising
- ○ Gums Bleed Easily
- ○ Prolonged Bleeding
- ○ Heavy Aspirin Use

MUSCULOSKELETAL:

- ○ Stiffness
- ○ Arthritis
- ○ Joint Pain/Swelling

SKIN:

- ○ Rash/Sores
- ○ Lesions/Cuts
- ○ Hives/Eczema

NEUROLOGICAL:

- ○ Seizures
- ○ Weakness/Paralysis
- ○ Numbness
- ○ Tremors
- ○ Developmentally Delayed

IMMUNOLOGIC:

- ○ Hives
- ○ Itching
- ○ Runny Nose
- ○ Sinus Pressure

Have you had a flu vaccine in the last year? ○ Yes ○ No

Have you had a pneumonia vaccine? ○ Yes ○ No

Have you had two or more falls in the last year? ○ Yes ○ No

Primary Care Doctor/Family Doctor Name: ______________________________

STEWART SURGICAL

Patient Information

Date: ________________ Chart #: ________________________

HOW DID YOU LEARN ABOUT STEWART SURGICAL?

Referral was by:
- ○ Physician
- ○ Optometrist
- ○ Patient
- ○ Other

Please provide their name and address so we can thank them:

Name: ____

Street Address: ______________________________________

City: __________________________ State: __________ Zip: ________________

Phone: ____

PATIENT INFORMATION ○ Mr. ○ Mrs. ○ Other

Name: ____

Address: ____

Home Phone: ________________ Work Phone: ________________ Cell Phone: ________________

May we leave a voice mail? ○ Yes ○ No

Soc Sec #: __________________________ Date of Birth: ______ /______ /______ Sex: Male / Female / Other

Marital Status: ○ Married. ○ Divorced ○ Widowed

Family Doctor: ______________________________ Phone: ________________

Address: ____

Email: ______________________________ May we communicate with you by email? ○ Yes ○ No

Emergency Contact: ______________________________ Phone: ________________

PARENT / GUARDIAN INFORMATION (If patient is a MINOR)

Parent/Guardian Name: ______________________________________

Address: ____

Home Phone: ________________ Work Phone: ________________ Cell Phone: ________________

Soc Sec #: __________________ Date of Birth: _____ /_____ /_____ Relationship to Patient: ________________

Other Parent/Guardian Name: __________________________________

Home Phone: ________________ Work Phone: ________________ Cell Phone: ________________

RESPONSIBLE PARTY (If different than above)

Contact Name: ____

Address: ____

Employer/Company/Agency: ______________________________ Phone: ________________

Refraction & Contact Lens Policies

REFRACTION POLICY

During your visit, a refraction may be performed to determine your need for glasses or to evaluate if any further visual improvement can be achieved. This is a necessary and essential portion of your eye exam and in some cases it is the sole reason for the appointment.

The Centers for Medicare and Medicaid Services (CMS) use a system - The Resource Based Relative Value Scale (RBRVS) - to determine the fees for all Medicare services , including the refraction. Most other insurance companies use this same system to set their payment schedules. However, the refraction is considered a NON-COVERED service by Medicare and some insurance companies.

Please be aware it is the responsibility of the patient to pay for the refraction. Effective January 16, 2012 our office charges $98.00 for this procedure, but provides a prompt pay price of $59.00 to the patient when paid at the time of service. The refraction fee, based on the RBRVS is in addition to the fee for the eye exam and is in addition to the patient's co-pay.

We appreciate your cooperation in paying this fee at the time services are rendered.

I have read the above information and understand I may be charged a prompt pay price of $59.00 at the time of service. If billing is required, the full charge of $98.00 will be billed.

CONTACT LENS POLICY

The glasses prescription you receive from Stewart Surgical is NOT a contact lens prescription. A qualified contact lens fitter must fit the contact lenses. Our Optical Department or one of your choice may fit the contact lenses. There is a fee for this service, which varies greatly depending on the type of contact lenses that are right for you, if you have been fitted before, and other individual factors. After your contact lens fitting is completed and services incurred are paid for, you will receive a copy of your contact lens specification.

I have read and understand the above refraction and contact lens policy.

______________________________ ______________

Patient or Guardian's Signature | Date

STEWART SURGICAL

Notice of Payment Policies & Procedures

PAYMENT POLICY: It is customary to pay for professional services when rendered. For your convenience we accept major credit cards, checks or cash.

INSURANCE: Please read and sign below if you have insurance with: Medicare, Medicaid, an HMO/PPO/POS or State Agency or Worker's Comp , and the Physician is contracted with your carrier. Present your insurance card along with any required referrals /authorizations to the Receptionist/Registrar.

MEDICAL/SURGICAL BENEFITS ASSIGNMENT AND RELEASE OF MEDICAL BENEFITS INFORMATION AGREEMENT: I request payment of my authorized insurance benefits be made for charges on my behalf to Stewart Surgical for any unpaid medical/surgical procedures performed now or in the future. I also authorize Stewart Surgical to release medical information to my insurance company (ies) or agent, now or in the future, for claim consideration purposes. I understand that payment for services does ultimately remain my responsibility.

NON-COVERED SERVICES: The filing of a claim for any service rendered DOES NOT GUARANTEE PAYMENT from your insurance. You will be financially responsible for these services. Also, having more than one insurer DOES NOT necessarily mean that your services are covered 100%. Secondary insurers will pay as a function of what your primary carrier pays. We may bill your secondary as a courtesy. You are responsible for any balances after your insurance(s) has cleared.

DIVORCE DECREES: This office is NOT a party to your divorce decree, Adult patients are responsible for their bill at the time of service. The responsibility for minors rests with the accompanying adult.

MINOR PATIENTS: For unaccompanied minors,non-emergency treatment will be denied unless charges have been pre-authorized to an approved Credit Card, or payment by cash or check at the time of service has been verified.

EYE EXAM: I agree to and understand that my eye(s) must be dilated in order for the doctor to thoroughly check the retina of the eye. I agree to and understand that my eye may need to be patched as part of the treatment of my condition. I understand that if my pupils are dilated or my eye is patched after the exam, I may not be able to safely operate a motor vehicle and that the staff and doctors of Stewart Surgical suggest that I evaluate my need for alternative transportation and the decision is solely mine, therefore I will not hold Stewart Surgical responsible.

The contents of this document will remain in effect unless revoked by me in writing.

Patient (Print)	Name of Witness (Print)
Signature of Patient	Signature of Witness
Date	Date
Signature of Patient Representative	Relationship of Patient Representative to Patient

STEWART SURGICAL

CONTACT US WITH ANY QUESTIONS

- **Co-Management:** Yvette Gonzales 832-785-9591
- **Payment / Billing:** Aida Balderas 713-558-8732
- **Scheduling:** Jennifer Gonzalez 713-558-8732
- **Admin:** Tammy Parsons 713-558-8732

SEND FORMS OR PATIENT INFO

- **Fax Line:** 832-553-7132

MAIL US

- **Stewart Surgical:** 2855 Gramercy | Houston, TX 77025
  1415 N Loop W | Houston, TX 77008

stewartsurgical.com