

Eric L. Fry, M.D.
Travis H. Kimple, M.D.

Fry Eye Associates, P.A.
502 College Street
Garden City, KS 67846
(620) 275-7248 / (800) 526-3937

William S. Clifford, M.D.
Reed A. McAtee, O.D.

Welcome to Fry Eye Associates! We hope that you are looking forward to your appointment with us. In this packet are several helpful items to make your experience at Fry Eye a success.

FORMS: We recognize that your time is valuable. To keep your appointment as timely as possible, we must have the attached forms completed and returned *prior* to your appointment:

- Patient Registration Form
- Medical History Form

Failure to return completed forms within 5 days of your appointment may cause your appointment to be delayed or rescheduled. If there is not sufficient time for mail delivery, you may:

- Fax completed forms to (620) 275-5262
- Email completed forms to FryEyeMail@fryeye.com
- Hand-deliver to 502 College Street at least 5 days before your appointment.

NOTE: A family member or other representative may sign on your behalf ONLY if we have legal paperwork on file (i.e., Medical Power of Attorney documentation).

IMPORTANT INFORMATION FOR CONTACT LENS WEARERS: If your appointment is for a *Cataract/Blurry Vision Evaluation*, or for a *Refractive Surgery/LASIK Evaluation*, soft contact lenses must be removed a minimum of one (1) week prior to your appointment; and rigid/gas permeable contact lenses must be removed a minimum of three (3) weeks prior to your appointment.

RESIDENTS OF CARE HOME FACILITIES: All residents of care home facilities need to be accompanied by a care giver or family member. Our employees are not licensed or trained in lifting/transferring patients, nor are they trained to provide restroom assistance.

TRANSLATION SERVICES:

Dependent upon the daily schedule, a Fry Eye Associates translator may not be immediately available. If you need a translator, please bring one with you; otherwise, your patient care may be delayed until the next translator becomes available. *Dependiendo del horario diario, es posible que un traductor de Fry Eye Associates no esté disponible de inmediato. Si necesita un traductor, traiga uno; de lo contrario, la atención de su paciente puede demorarse hasta que el próximo traductor esté disponible.*

If you have any unanswered questions after reviewing this material, please don't hesitate to contact us. We are excited to have you as our guest!

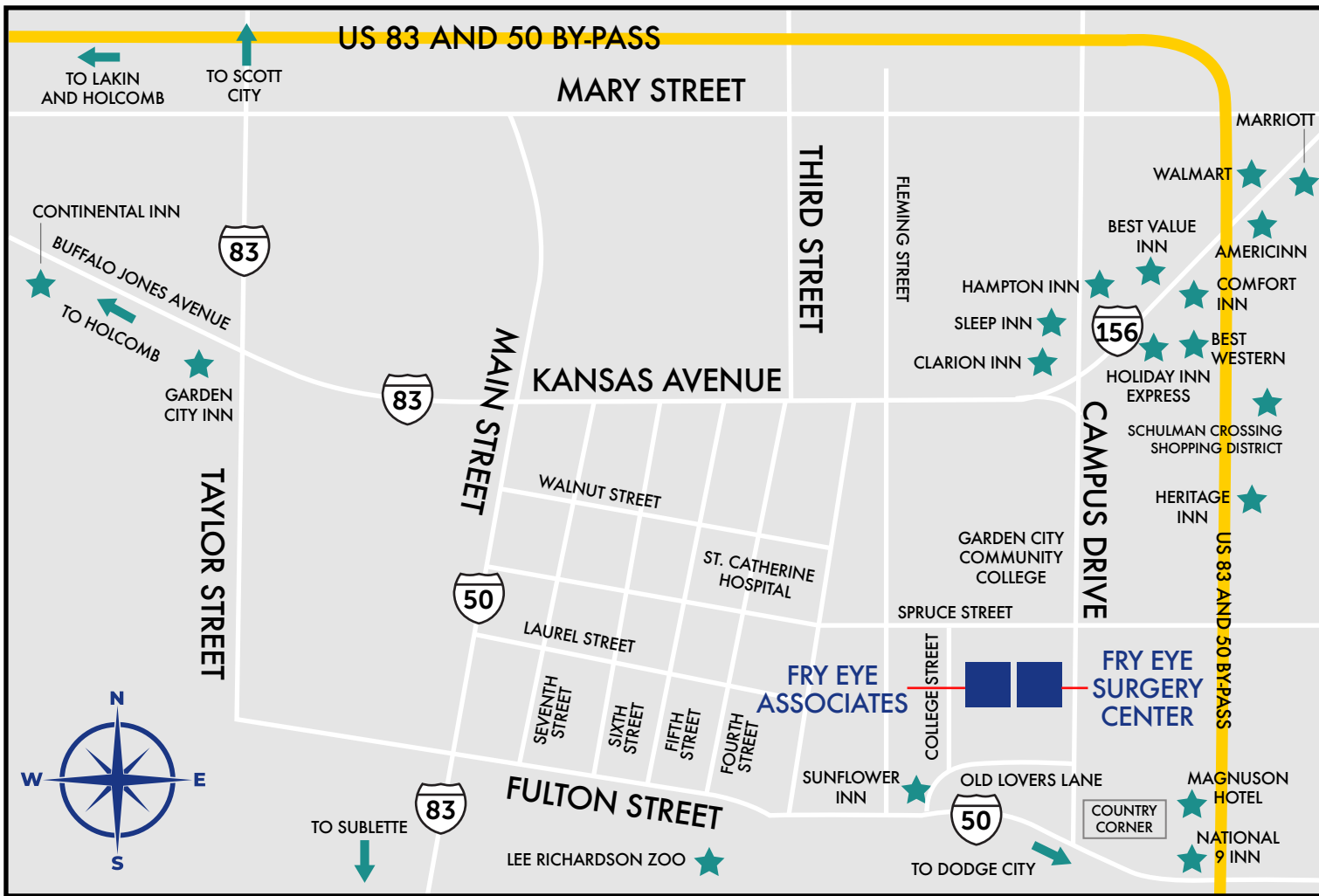
-Fry Eye Associates Physicians and Staff

NOTE: All appointments are for an EVALUATION ONLY.
If surgery is recommended, it will be scheduled for a later date.

FRY EYE ASSOCIATES

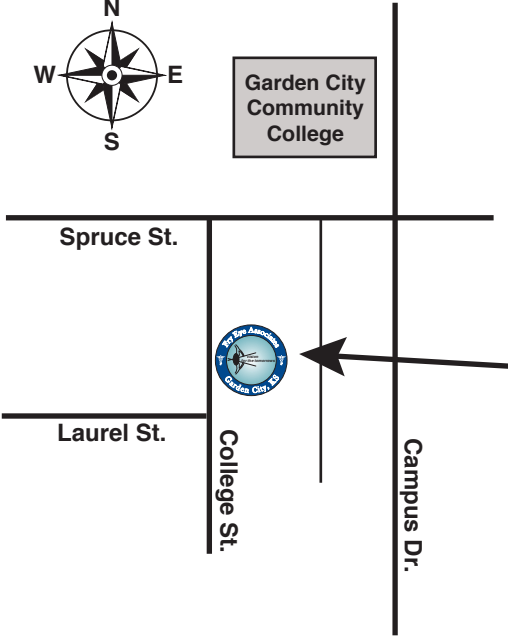
502 COLLEGE STREET
GARDEN CITY, KS 67846

(620) 275-7248





Garden City
Community
College



Fry Eye Associates

502 College Street
Garden City, KS 67846
620-275-7248



**Use your mobile phone camera
to scan the QR code for
directions to our clinic.
We look forward to your visit!**

LOCAL HOTEL ACCOMMODATIONS

AMERIC INN*

3020 E Kansas Ave
620-272-9860
americinn.com

BEST VALUE INN*

1818 Comanche Dr
620-275-5095
americasbestvalueinn.com

BEST WESTERN EMERALD INN

2412 E Kansas Ave
620-277-7100
bestwestern.com

CLARION INN*

1911 E Kansas Ave
620-275-7471
clarionhotel.com

COMFORT INN*

2608 E Kansas Ave
620-275-5800
comfortinn.com

CONTINENTAL INN

1408 Jones Ave
620-276-7691
continentalinnmotel.com

GARDEN CITY INN

1202 W Kansas Ave
620-276-7608
gardencityinnks.com

HAMPTON INN

2505 Crestway
620-272-0454
hamptoninn3.hilton.com

HOLIDAY INN EXPRESS

2502 E Kansas Ave
620-275-5900
ihg.com

MAGNUSON HOTEL*

2205 E Fulton St
620-275-4164
magnusonhotels.com

NATIONAL 9 INN*

123 Honeybee Ct
620-275-0677
national9inngardencity.com

RJ'S RV PARK*

4100 E Hwy 50
620-276-8741
rvparking.com

SLEEP INN & SUITES

1931 E Kansas Plaza
620-805-6535
sleepinn.com

SUNFLOWER INN & SUITES

1311 E Fulton
620-276-2387

TOWNE PLACE SUITES MARRIOTT*

3510 E Kansas Ave
620-805-6717
towneplacesuites.com/gckts

* Pet Friendly

Fry Eye Associates, P.A. and Fry Eye Surgery Center, L.L.C.

Dear Valued Patient:

Thank you for choosing Fry Eye Associates, P.A. and/or Fry Eye Surgery Center, L.L.C. for your eye care needs. We focus on providing the best care possible, and we want our billing services to be a good experience for you, as well. The billing process can be complex. This document provides you with our policies and procedures, which will help guide you through the billing process.

Copies of Insurance Cards and Patient Identification:

It is very important that we have a copy of your current insurance card(s) on file. This ensures that we can contact your insurance company if we have any issues with your claim. ***Please bring your insurance cards with you to your appointment, along with a government-issued photo identification (driver's license, state issued ID, etc.) for identity verification.***

Payment Process:

A claim will be sent to your insurance company for services rendered. Your insurance company may contact you for further information. Your quick response will assist your insurance company in processing your claim in a timely manner. Typically, your insurance company will pay your claim in 30-45 days. After we receive payment from your insurance company, we will provide you with a statement showing the insurance payment and any amount you may owe. If there is a problem getting your claim processed or paid through your insurance company, we may contact you for further assistance. *Please be aware that you may be asked to pay for services (up to the amount of your unmet deductible and applicable co-pay) at the time of your appointment and/or prior to scheduling a surgical procedure.*

Other Bills You May Receive:

We have **two separate businesses**: Fry Eye Associates, P.A. and Fry Eye Surgery Center, L.L.C., which may have provided care to you. If you received care at both facilities, please know that you will receive a bill from both businesses. One bill will be for the doctor/exam fees (Fry Eye Associates, PA) and one for surgical services (Fry Eye Surgery Center, LLC). If you received anesthesia at our surgery center, you will receive a separate bill from Steel Anesthesia Services, PA. If you have questions regarding any of these bills, please call the number that is listed on the statement you received.

Customer Assistance:

We are pleased to answer any questions you may have about your experience at Fry Eye Associates, P.A./Fry Eye Surgery Center, L.L.C. We can be reached at (620) 275-7248 or toll free at (800) 526-3937. Please call this number for questions regarding either Fry Eye facility and have the patient's name and date of birth available when you call.

FREQUENTLY ASKED QUESTIONS

- **Why didn't my insurance company pay this balance?**

Your insurance company may determine that a portion of the charges submitted are your - the patient's - responsibility. This can include deductibles, co-payments and items and services that are not covered by your specific insurance plan. For specific questions, please call your insurance company directly.

- **Why did I receive a bill a month ago, stating that I had a zero dollar balance, but now I am receiving another bill requesting payment?**

You may receive a statement from us for your first date of service, even if the insurance company has not yet paid a claim for a second date of service. If a claim for a specific date of service is pending insurance decision, the patient's account will not show a balance for that date of service until insurance has paid. After insurance has paid, you will receive a statement for any remaining balance deemed patient responsibility. Insurance companies typically send an "Explanation of Benefits" (EOB) form to their beneficiaries (the patient) explaining their payment. When in doubt, please refer to the EOB for each date of service in question.

- **Why am I receiving two separate bills for two separate amounts?**

We have two separate businesses: Fry Eye Associates, P.A. and Fry Eye Surgery Center, L.L.C. Please examine your statement to see which facility your bill is from – always call if you have any questions.

- **I have an HMO. What should I do prior to my appointment to ensure payment for my exam?**

If you have an HMO, you will need to contact your insurance company to verify in-network vs. out-of-network coverage for any exams or procedures at Fry Eye Associates and/or Fry Eye Surgery Center. Failure to do so could cause you to be fully responsible for payment for all services rendered.

- **What should I do if my insurance company requires a letter of referral?**

If your insurance company requires you to have a letter of referral to Fry Eye Associates and/or Fry Eye Surgery Center, you must make this letter available to our office *PRIOR* to your appointment. Failure to submit this referral letter prior to your appointment could result in postponement of your appointment.

- **Why am I receiving a bill from Steel Anesthesia Services, P.A.?**

The anesthetist who provided your anesthesia care at the surgery center is his/her own independent provider. Please call the Anesthesia Billing Company at (800) 835-2231 for questions related to your bill from Steel Anesthesia Services, P.A.

**Thank you for choosing Fry Eye Associates, P.A. and
Fry Eye Surgery Center, L.L.C. as your health care providers!**

Notice of Nondiscrimination

Fry Eye Associates, PA and Fry Eye Surgery Center, LLC (collectively referred to as “Fry Eye” for the purposes of this policy) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Fry Eye does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Additionally, Fry Eye:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If a patient is in need of these services, contact Jennifer Deimund at 1-620-276-7699 or 1- 620-275-7248.

If a patient believes that Fry Eye has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, the patient can file a grievance with the Civil Rights Coordinator:

Jennifer Deimund
502 College Street
Garden City, KS 67846
620-275-7248 - phone
620-275-5262 - fax
fryeyemail@fryeye.com

A grievance can be filed in person or by mail, fax, or email. The Civil Rights Coordinator is available to help a patient file a grievance. A civil rights complaint can also be filed with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
(800) 868–1019
(800) 537–7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Statement of Nondiscrimination - FESC

Fry Eye Associates, PA and Fry Eye Surgery Center, LLC comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Language assistance services, free of charge, are available to you. Call 1-620-276-7699.

Fry Eye Associates, PA and Fry Eye Surgery Center, LLC cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-620-276-7699.

Fry Eye Associates, PA and Fry Eye Surgery Center, LLC tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính. Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-620-276-7699.

Statement of Nondiscrimination - FEA

Fry Eye Associates, PA and Fry Eye Surgery Center, LLC comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Language assistance services, free of charge, are available to you. Call 1-620-275-7248.

Fry Eye Associates, PA and Fry Eye Surgery Center, LLC cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-620-275-7248.

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PATIENT REGISTRATION FORM



Your appointment with Dr. _____ is on _____ at _____ CST.
This appointment is reserved especially for you. If you are unable to keep this appointment, please call (620)275-7248 as soon as possible to reschedule. Arriving more than 15 minutes late may result in your appointment being rescheduled.

PATIENT INFORMATION

Legal Name: _____ Preferred Name: _____
First M.I. Last

Date of Birth: _____ Sex: Male Female Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____ Referred by: _____

Employer: _____ Employer Phone: _____

Employer Address: _____

Marital Status: Married Single Spouse Name: _____ Phone: _____

Race: White Hispanic American Indian/Alaska Native Asian African American/Black Native Hawaiian/Other Pacific Islander Decline

Ethnicity: Hispanic/Latino Not Hispanic/Latino Decline

Preferred Language: _____

Are you currently a resident in a nursing home? Yes No

Nursing Home Name: _____ Nursing Home Phone: _____

EMERGENCY CONTACT

Name: _____ Relationship to Patient: _____
First Last

Primary Phone: _____ Secondary Phone: _____

INSURANCE INFORMATION PRINT NAME AS IT APPEARS ON YOUR INSURANCE CARD

Primary Medical Insurance: _____ ID #: _____ Group #: _____

Subscriber Name: _____ Date of Birth: _____
If different than patient

Employer: _____ Social Security Number: _____

Secondary Medical Insurance: _____ ID #: _____ Group #: _____

Subscriber Name: _____ Date of Birth: _____
If different than patient

Employer: _____ Social Security Number: _____

PERSON RESPONSIBLE FOR FINANCIAL STATEMENT Only indicated if Patient is a minor or NOT the Responsible Party

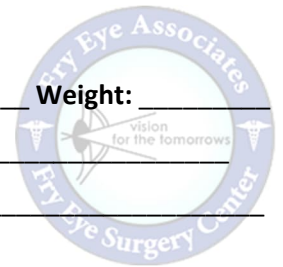
Name: _____ Date of Birth: _____
First Last

Social Security #: _____ Relationship to Patient: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

MEDICAL HISTORY



Patient Name: _____ Age: _____ Height: _____ Weight: _____

Primary Care Doctor's Name: _____ Date last seen: _____

Address & Phone: _____

Pharmacy: _____ Phone: _____

DURABLE POWER OF ATTORNEY: YES NO

ADVANCED DIRECTIVE (Living Will): YES NO (if yes, you may be asked to provide a copy)

EYE HEALTH HISTORY

Optometrist's Name: _____ Date of last eye exam: _____

Do you wear glasses? Yes No All the time Reading Driving How old are your glasses? _____

Do you wear contacts? Yes No Hard Soft Astigmatism

Ocular History

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Overall Healthy | <input type="checkbox"/> Cataract | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Traumatic Injury |
| <input type="checkbox"/> Amblyopia (Lazy Eye) | <input type="checkbox"/> Diabetic Retinopathy | <input type="checkbox"/> Keratoconus | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Astigmatism | <input type="checkbox"/> Dry Eyes | <input type="checkbox"/> Macular Degeneration | |
| | <input type="checkbox"/> Eye Infection | <input type="checkbox"/> Retinal Detachment | |

Ocular Surgery

No prior ocular surgery

Ocular Surgery	When	Ocular Surgery	When	Ocular Surgery	When
<input type="checkbox"/> Cataract Surgery		<input type="checkbox"/> Glaucoma Surgery		<input type="checkbox"/> Retinal Surgery	
<input type="checkbox"/> Corneal Surgery		<input type="checkbox"/> Prosthesis – Right / Left		<input type="checkbox"/> Retinal Surgery	
<input type="checkbox"/> Eyelid Surgery		<input type="checkbox"/> Punctal Plugs		<input type="checkbox"/> Vision Correction Surgery: LASIK / PRK / RK	
<input type="checkbox"/> Foreign Body Removal		<input type="checkbox"/> Retina Laser Surgery		<input type="checkbox"/> Other Ocular Surgery:	

Current Eye Medications: _____

MEDICAL HISTORY

Overall healthy, no history of significant illness

CARDIOVASCULAR / VASCULAR

- Angina (Chest Pain)
- Heart failure
- Heart arrythmia
- A-Fib / Irregular / Palpitations
- Heart attack
- High blood pressure
- High cholesterol / lipids
- Stroke/ TI

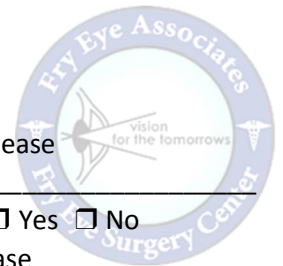
LUNG

- Asthma
- Blood clots
- Chronic cough
- COPD / Emphysema
- Shortness of breath
- Sleep apnea
- CPAP? Yes No
- Wear Oxygen

INFECTIONS

- Hepatitis A / B / C
- Herpes Simplex
- HIV / AIDS
- Meningitis
- Sexually Transmitted Infection
Type: _____
- Varicella Zoster
 Chicken Pox Shingles
- Would Infection
Where? _____
- Other Infections:

MEDICAL HISTORY



SYSTEMIC ILLNESSES

- Acid Reflux
- Alzheimer's / Dementia
- Anemia
- Anxiety / Depression
- Arthritis
Type: _____
- Autoimmune Disease
Type: _____
- Back / Neck Problems
- Bladder / Kidney Stones
- Bleeding Disorder
- Bowel Disease
Type: _____

- Cancer
Type: _____
When: _____
Treatment: _____
- Diabetes
Type: Yes No
Treatment: Diet / Oral Medication / Insulin / Non-Insulin Injection
- Fibromyalgia
- Hearing Loss
Hearing Aids? Yes No

- Kidney Disease
Type: _____
Dialysis? Yes No
- Liver Disease
Type: _____
- Hepatitis
- Prostate Enlargement
- Psychiatric Disorder
Type: _____
- Seizures / Epilepsy
- Thyroid Disease
 Hypothyroid (Underactive)
 Hyperthyroid (Overactive)

Please detail any physical limitations: _____

- Wheelchair Require Transfer Assistance

Please detail any other serious illness: _____

Have you ever taken medication for prostate issues or bladder/kidney stones? Yes No

If yes, have you taken any of these medication(s): Flomax (tamsulosin) Cardura (doxazosin) Minipress (prazosin)
 Hytrin (terazosin) Uroxatral (alfuzosin) Rapaflo (silodosin) Other: _____

Are you taking any blood thinning medications? Yes No

If yes, please list medication(s): _____

SOCIAL HISTORY Alcohol use? Yes No Amount per day or week: _____ Drug use? Yes No
Tobacco use / smoking? Yes No How much? _____ Have you quit? Yes No How long ago? _____

FAMILY HISTORY Has any immediate family member had these diseases?

- Blindness
- Cancer
- Corneal disease
- Glaucoma
- Retinal disease
- Stroke
- Macular Degeneration
- Other heritable disease

ALLERGIES:

Allergy	Reaction	Severity (Mild, Moderate, Severe)

SURGICAL HISTORY: Past 10 years

Surgery	When

PLEASE DETAIL ALL MEDICATIONS YOU ARE TAKING ON THE NEXT PAGE

