



# *Patient Information*



**Eye** Associates  

---

**SurgiCenter**  
OF VINELAND

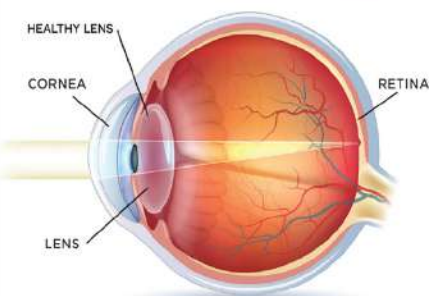
*A Center of Excellence*





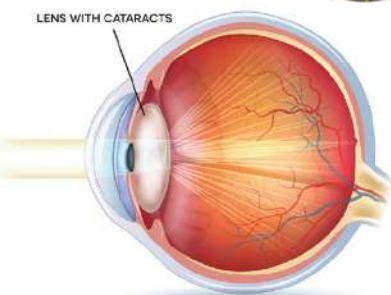
## Healthy Eye

Light enters the eye through the cornea, passes through the natural crystalline lens and is accurately focused onto the retina, providing a crisp, clear image.



## Eye with Cataract

As we age, the lens of the eye becomes cloudier, allowing less light to pass through. The light that does make it to the retina is diffused or scattered, leaving vision blurry.



## Choosing An Option



	Near	Intermediate	Distance	Astigmatism
<b>CustomPLUS Cataract Surgery</b> <ul style="list-style-type: none"> <li>Precisely designed to optimize your vision at distance, near and everything in between</li> <li>Hi-Definition Multifocal lenses and Wavefront Guided measurements restore clarity and focus for optimum TOTAL vision</li> </ul>				
<b>Custom Cataract Surgery</b> <ul style="list-style-type: none"> <li>Corrects astigmatism</li> <li>Designed specifically for your unique eyes</li> <li>Optimizes your distance vision</li> <li>Hi-Definition lenses and Wavefront Guided measurements tailored for distance vision</li> </ul>				
<b>StandardPLUS Cataract Surgery</b> <ul style="list-style-type: none"> <li>Does NOT correct astigmatism</li> <li>Designed specifically for your unique eyes</li> <li>Optimizes your distance vision</li> <li>Hi-Definition lenses and Wavefront Guided measurements tailored for distance vision</li> </ul>				
<b>Standard Cataract Surgery</b> <ul style="list-style-type: none"> <li>"One-size-fits-all" cataract surgery</li> <li>Uses the Medicare/Insurance issued lens</li> <li>Will likely need glasses after surgery to fine tune clarity for specific needs</li> </ul>				



**Eye Associates**  
**SurgiCenter**  
OF VINELAND

## Directions to SurgiCenter of Vineland:

### From the East:

From the Atlantic City area, take Rt. 40 West through Mays Landing to Rt. 552 (Bears Head Road). Make a left onto Bears Head Road. Follow Bears Head Road to Milmay to Rt. 557 (Tuckahoe Road). Make a right on Tuckahoe Road. Go about three miles to Chestnut Avenue. Make a left on Chestnut Ave. Go through a four-way stop. At the next light make a right onto Lincoln Avenue. We are  $\frac{1}{4}$  mile on the right hand side.

### From the North:

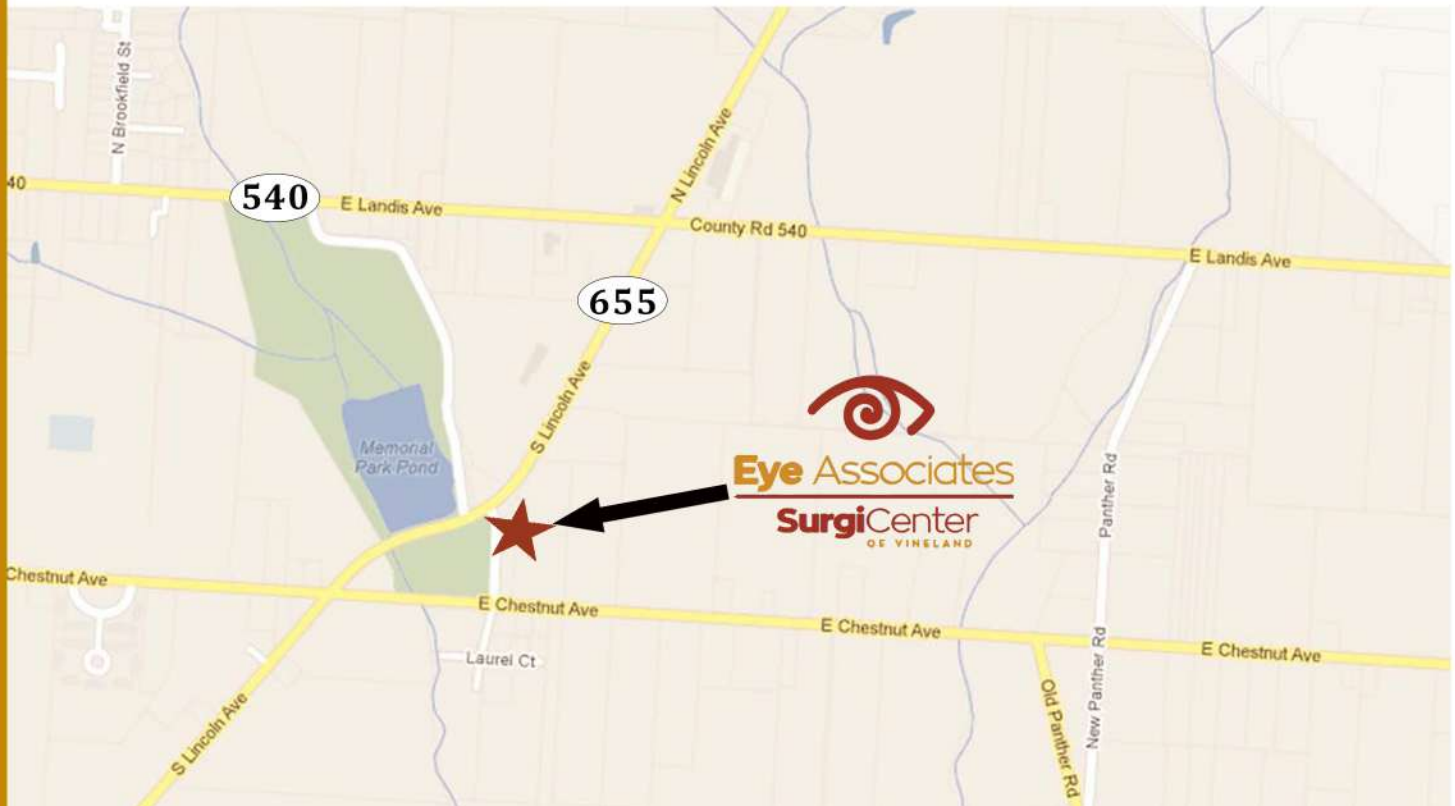
Take Rt. 295 to Rt. 42 South Exit on to Rt. 55 South. Exit off Rt. 55 at 32A, Landis Avenue, (Ramada Inn will be there). Continue about 7 miles. Shop-rite will be on your left hand side. Make a right turn onto Lincoln Avenue. We are  $\frac{1}{4}$  mile on the left hand side.

### From the West:

Take Sherman Avenue to Rt. 55 North, exit 32A, then follow directions above after Rt. 55 exit.

### From the South:

Take Rt. 55 North to Exit 32A and follow directions above after Rt. 55 exit.



**Eye Associates / SurgiCenter of Vineland • 251 S. Lincoln Avenue, Vineland, NJ 08361**



## We Welcome You...

At the SurgiCenter of Vineland we are dedicated to providing state of the art eye surgery in a warm, relaxed and friendly setting. We provide the personal attention you deserve in a special place dedicated to



personalized care. Our patient-focused care and philosophy of excellence in service has earned us a near perfect rating by patients as well as certification by Medicare and benchmark organizations such as the Accreditation Association for Ambulatory Health Care.

We are committed to making your surgery as pleasant and convenient as possible. Please follow these important steps to prepare for your surgical visit at the SurgiCenter of Vineland.



**Stacey Chiari, RN**  
*Nursing Director*  
691-8188, ext. 272



**Tammy Holliday**  
*Surgical Scheduling Director*  
691-8188, ext. 233

**Cathy Lahn**  
*Surgical Coordinator*  
691-8188, ext. 234

## Day of Your Surgery...

---

- Don't eat or drink anything, including water 8 hours before your surgery unless otherwise instructed by your surgeon or anesthesiologist.
- If you are a **DIABETIC**, an **insulin dependent diabetic**, or you **take diabetic pills**, you **CAN NOT** have anything to drink or eat after midnight. Also, **DO NOT** take your insulin or diabetic pills on the morning of surgery!
- The Anesthesiologist wants you to take your other (non-diabetic) medications, with a small sip of water on the morning of surgery.
- Please arrange to have a responsible adult accompany you to the center, be available during the procedure, assist you when discharged, provide transportation and stay with you at home.
- Notify us immediately if you become ill.
- Contact lenses cannot be worn during surgery. Please remove them prior to coming in for your surgery.
- Do not wear any make-up.
- Take a bath or shower at home on the morning of your surgery. This will help to minimize the chance of infection
- Leave jewelry, including all pierced jewelry, money, credit cards, cell phones and all other valuables at home.
- Wear comfortable shoes and loose-fitting clothing. Short sleeves are ideal.

## What to Bring...

---

### **Bring the following items with you on the day of surgery:**

- List of your medications
- Insurance cards
- Referrals if required by your insurance company
- If your insurance company requires a co-pay, please bring some form of payment.
- Remember to bring legal documents for proof of guardianship or Power of Attorney, if the patient cannot sign for themselves.
- Payment for Premium Lenses for Custom or CustomPlus surgery.

# After Your Surgery...

---

**Please follow these post-operative guidelines in addition to any other instructions given to you by your surgeon.**

- You will rest in our fully-equipped recovery room, under the care of our trained staff. An anesthesiologist will closely monitor your condition.

- The nurses will answer your questions and give you post-operative instructions. You will receive a written copy of these instructions.



- You may be sleepy after your surgery, even after spending time in the recovery room. Please arrange for an adult family member or friend to drive you home.

It is also important for this person to remain in the building.

**Since it is normal to feel drowsy after receiving an anesthetic, we urge you to postpone these activities for 24 hours:**

- Driving a car
- Making significant decisions
- Operating or driving equipment
- Signing important papers
- Drinking alcoholic beverages

**If you have any questions or concerns, please call us. You will be given a post-operative appointment to see one of our physicians as a follow up to your procedure.**

## Billing & Insurance

---

- We accept many insurance plans. Please present all **current** insurance cards on the day of surgery; as well as referral forms, if required by the patients' particular plan. We request that copays are paid at the time of service, so please be prepared.

### We accept the following forms of payment:

---

Cash

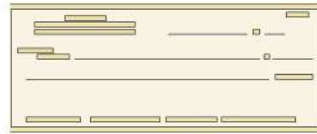
Personal Check

Visa

MasterCard

Discover

American Express



- As a service to our patients we will bill the insurance for services rendered and the patient will be responsible for any deductibles, co-insurance, or other out-of-pocket expenses indicated by their insurance carrier.
- Surgical procedures require multiple billing processes. Charges will include the physician fee, billed through Eye Associates; the facility fee, billed through the SurgiCenter of Vineland; and the anesthesiology fee, billed through anesthesiology group. If the patient chooses to have clearance by Dr. Rhyme on the day of surgery instead of their primary care physician, they may receive a statement from his office as well. If your procedure requires a biopsy, culture, or any tissue removal the patient may receive a statement from the pathology lab.

**We offer 0% financing!**  
**Please speak to our surgical coordinators**  
**for more information.**



## Frequently Asked Questions

---

- **How long is the surgery?** Plan on being at our center 2-3 hours.
- **When can I get back to work?** Many things lend to the recovery period, type of surgical procedure, length of surgery and patient's health. A typical cataract procedure will take 1 to 2 days of recovery. As always, ask your surgeon for specific information.
- **Do you offer financing?** Yes, through a financing company. We also accept credit cards. Specifications can be found on page 3.
- **Do I need to have blood work done, or any other tests?**  
In healthy individuals, no blood work is required. However, surgical clearance either by our staff physician or your personal physician will be required.
- **When do I pay for Elective surgery?** Uninsured or cash patients will be asked to pay for services on or before the admission date unless other arrangements are made. Patients with verified insurance will be asked to pay their portion ONLY on or before the day of surgery.
- **What type of Anesthesia is used?** Most surgeries are done under Local Anesthesia with Sedation so called "Twilight" sleep.
- **Can I go home on my own?** No. On discharge post-surgically you MUST be accompanied by a responsible adult who will accompany you home.
- **Can I eat, drink or smoke before surgery?** No. Most surgical procedures require that you refrain from eating 8 hours prior to surgery. In terms of smoking, you should not smoke the day of surgery. The best case scenario is to refrain from smoking as long as you can prior to the date of the procedure.

**If you have any questions, you can speak with our surgical coordinators at (856) 691-8188 ext. 233 or 234.**

**We look forward to serving you!**





# NOTICE OF PRIVACY PRACTICES

---

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your personal health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

We may use and disclose your medical records only for each of the following purposes:  
**treatment, payment, and health care operation.**

- Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example of this would include referring you to a retina specialist.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to a surgery.
- Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example of this would be new patient survey cards.
- The practice may also disclose your PHI for law enforcement and other legitimate reasons although we shall do our best to assure its continued confidentiality to the extent possible.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information.

We may contact you, by phone or in writing, to provide appointment reminders or information about treatment alternatives or other health-related benefits and services, in addition to other fundraising communications, that may be of interest to you. You do have the right to "opt out" with respect to receiving fundraising communications from us.

**The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:**

- Most uses and disclosure of psychotherapy notes
- Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations
- Disclosures that constitute a sale of PHI under HIPAA
- Other uses and disclosures not described in this notice.

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

## **You may have the following rights with respect to your PHI.**

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to honor a request restriction except in limited circumstances which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of Protected Health Information by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receive an accounting of disclosures of your PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed.

If you have paid for services "out of pocket", in full, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are required by law to maintain the privacy of your Protected Health Information and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

This notice is effective as of September 3, 2013 and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practice from our office.

You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with our office and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

- Feel free to contact the Practice Compliance Officer for more information, in person or in writing.

**Gina Biagi, Administrator**  
Eye Associates/SurgiCenter of Vineland  
251 South Lincoln Ave • Vineland, NJ 08361  
(856) 691-8188





# PATIENT RIGHTS AND RESPONSIBILITIES

---

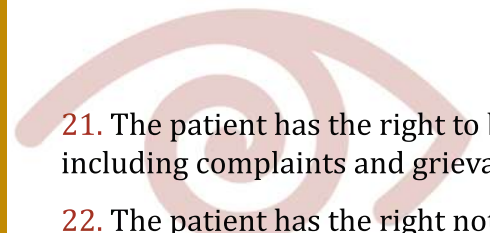
## Policy

The SurgiCenter adopts a Patient's Bill of Rights not only as a legal requirement, but also with the expectation that observation of these rights will contribute to more effective patient care and greater satisfaction for the patient, physician, and SurgiCenter staff. A personal relationship between the physician and the patient is essential for quality care. The traditional physician-patient relationship takes on a new dimension when care is rendered within a framework of mutual respect.

1. The patient shall be informed verbally of his/her rights in advance of the date of the procedure, in terms that the patient can understand. A signature acknowledging receipt of verbal and written notification of these rights in advance of the day of the procedure will be obtained by the patient and/or legal guardian and placed in the patient's chart as part of the permanent medical record.
2. The patient will be informed of the services offered at the SurgiCenter, the names of the professional staff and their professional status of who is providing and/or responsible for their care, including information on the facilities provisions for emergency and after hours and emergency care.
3. The patient will be informed of the fees and related charges, including the payment, fee, deposit, and refund policy of the SurgiCenter and any charges not covered by third-party payers or by the SurgiCenter's basic rate.
4. The patient will be informed of other health care and educational institutions participating in the patient's treatment.
5. The patient will be informed of the identity and the function of these institutions, and he/she has the right to refuse the use of such institutions.
6. The patient will be informed, in terms that the patient can understand, of his/her complete medical/health condition or diagnosis, the recommended treatment, treatment options, including the option of no treatment, risks of treatment, and expected results. If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, then the information will be provided to the patient's next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly will be documented in the patient's chart.
7. The patient will participate in the planning of his/her care, and has the right to refuse such care and medication. Upon refusal it will be documented in the patient's chart.
8. The patient will be included in experimental care if the patient has agreed to such and gives written and informed consent to such treatment, or when a guardian has consented to such treatment. The patient also has the right to refuse such experimental treatment.
9. The patient has the right to voice grievances or recommend changes in policies and services to the SurgiCenter personnel, the governing authority and/or outside representatives of the patient's choice, free from restraint, interference, coercion, discrimination, or reprisal.



10. The patient will be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of the SurgiCenter's personnel. The patient will be assured of confidential treatment of information about him/herself. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another healthcare facility to which the patient was transferred requires that information, or unless the release of the information is required or permitted by law, a third party payment contract, or a peer review, or unless the information is needed by the New Jersey State Department of Health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked.
11. The patient will receive courteous treatment, consideration, respect and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient.
12. The patient will not be required to work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules.
13. The patient has the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient.
14. The patient has the right to expect and receive appropriate assessment management and treatment of pain as an integral component of that person's care.
15. The patient has the right to information regarding credentialing of Health Care Professionals at the Center.
16. The patient shall be informed verbally and by written notice in advance of the date of the procedure, of his/her physicians financial interest or ownership in the ASC; The signed copy of patient acknowledgement and notification of the physician financial interest or ownership will be placed in the patient's chart as part of the permanent medical record.
17. The patient shall be informed verbally and by written notice in advance of the date of the procedure, information on the ASC's policy on advance directives, including a description of applicable NJ health and safety laws and, if requested, official NJ advance directive forms. The signed copy of patient acknowledgement and notification of the ASC policy on advance directives will be placed in the patient's chart as part of the permanent medical record.
18. The patient has the right to refuse any treatment and research, except as otherwise provided by law.
19. The patient will not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility.
20. The patient has the right to change their provider if other qualified providers are available.

- 
21. The patient has the right to be informed about procedures for expressing suggestions, including complaints and grievances, including those regulated by state and federal regulations.
  22. The patient has the right not to be misled by marketing or advertising regarding the competence and capabilities of the organization.
  23. The patient has the right to be provided with appropriate information regarding the absence of malpractice insurance coverage.
  24. The patient has the right to receive care in a safe setting free from all forms of abuse and harassment.
  25. A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
  26. A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
  27. A patient is responsible for following the treatment plan recommended by the health care provider.
  28. A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
  29. A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
  30. A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
  31. A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.
  32. A patient is responsible to provide complete and accurate information about his/her health, any medications, including herbals and over the counter supplements and any allergies or sensitivities
  33. A patient is responsible to follow the treatment plan prescribed by his/her provider.
  34. A patient is responsible to provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours if required by his/her provider.
  35. A patient is responsible to inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
  36. A patient is responsible to be respectful of all the health care providers and staff, as well as other patients.
  37. If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
  38. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.

**The Administrator will provide upon request to all patients and/or their families, the names, addresses, and telephone numbers of the following offices where complaints may be lodged:**

**Division of Health Facilities Evaluation and Licensing  
New Jersey Department of Health  
PO Box 367 • Trenton, NJ 08625-0367 • 800-792-9770**

**State of New Jersey Office of the Ombudsman  
for the Institutionalized Elderly  
PO Box 808 • Trenton, NJ 08625-0808 • 609-943-4023 • Toll Free: 877-582-6995**

Patients can communicate concerns about patient safety issues that occur before, during and after care is received by contacting the Administrator of the **SurgiCenter of Vineland:**

**251 South Lincoln Ave.  
Vineland, NJ 08361  
(856) 691-8188**

The Administrator shall also provide all patients and/or their families, upon request, the names, addresses and telephone numbers of offices where information concerning Medicare and Medicaid coverage may be obtained.

The Medicare Ombudsman is available to the public and ASC patients to get information about the Medicare and Medicaid programs, prescription drug coverage, and how to coordinate Medicare benefits with other health insurance programs. Information about filing a grievance or complaint can be obtained from their website, by mail or via phone:

**CMS Contact Information:**

Telephone: 1-800-MEDICARE 24 hours, 7 days including some federal holidays  
TTY/TDD users can call 1-877-486-2048.  
This system is available 24 hours, 7 days per week.

**Mailing Address:**

Centers for Medicare & Medicaid Services  
7500 Security Boulevard • Baltimore, MD 21244-1850

**The website for the Medicare Ombudsman is:  
<http://www.cms.hhs.gov/center/ombudsman.asp>**

**This surgery center's highest obligations and greatest concerns are quality patient care and an excellent level of patient satisfaction. To that end, we wish to assure all of our patients that they are welcome in our surgery center. We do not discriminate in our admissions policy against anyone, and in particular we admit all medically qualified patients who are good candidates for outpatient surgery, without regard to race, color, national origin, creed, ancestry, age, sex, religion, handicap or disability.**





## WHAT ARE ADVANCED DIRECTIVES?

A living will allows you to document your wishes concerning medical treatments at the end of life. Before a living will can guide medical decision making, two physicians must certify:

- You are unable to make medical decisions.
- You are in the medical condition specified in the state's living will law (such as "terminal illness" or "permanent unconsciousness").
- Other requirements also may apply, depending upon the state. A medical power of attorney (or healthcare proxy) allows you to appoint a person you trust as your healthcare agent (or surrogate decision maker), who is authorized to make medical decisions on your behalf.

Before a medical power of attorney goes into effect a person's physician must conclude that they are unable to make their own medical decisions. In addition:

- If a person regains the ability to make decisions, the agent cannot continue to act on the person's behalf.
- Many states have additional requirements that apply only to decisions about life-sustaining medical treatments.
- For example, before your agent can refuse a life-sustaining treatment on your behalf, a second physician may have to confirm your doctor's assessment that you are incapable of making treatment decisions.

### What Else Do I Need To Know?

- Advanced directives are legally valid throughout the United States. While you do not need a lawyer to fill out an advanced directive, your advanced directive becomes legally valid as soon as you sign them in front of the required witnesses. The laws governing advanced directives vary from state to state, so it is important to complete and sign advanced directives that comply with your state's law. Also, advanced directives can have different titles in different states.
- Emergency medical technicians cannot honor living wills or medical powers of attorney. Once emergency personnel have been called, they must do what is necessary to stabilize a person for transfer to a hospital, both from accident sites and from a home or other facility. After a physician fully evaluates the person's condition and determines the underlying conditions, advanced directives can be implemented.
- One state's advanced directive does not always work in another state. Some states do honor advanced directives from another state; others will honor out of state advanced directives as long as they are similar to the state's own law; and some states do not have an answer to this question. The best solution is if you spend a significant amount of time in more than one state, you should complete the advanced directives for all the states you spend a significant amount of time in.
- Advanced directives do not expire. An advanced directive remains in effect until you change it. If you complete a new advanced directive, it invalidates the previous one.
- You should review your advanced directives periodically to ensure that they still reflect your wishes. If you want to change anything in an advanced directive once you have completed it, you should complete a whole new document.

**In accordance with various State and Federal regulations,  
the following information is provided:**

### **Policy on Advanced Directives:**

According to the SurgiCenter Policy, we will not honor an Advanced Directive at our center. Procedures that are performed here are elective in nature. If you would like a copy of the NJ Advanced Directive guideline, and a sample of the Advanced Directive, one will be provided to you. As is stated in the SurgiCenter's admissions policy, Advanced Directives are not honored as this is an outpatient surgery center and all measures necessary for resuscitation will be executed at this center. If you need information on Advanced Directive NJSA 26:2H-53, you can contact Disability Rights of NJ at 800-367-6543 or go to [www.NJ.gov/health/advanced-directive/laws\\_regs.shtml](http://www.NJ.gov/health/advanced-directive/laws_regs.shtml)



### **Statement of Ownership:**



**Sydney L. Tyson, MD, MPH**

Disclosure of physician ownership is mandated by Medicare for all facilities. SurgiCenter of Vineland is a physician owned facility owned by Dr. Tyson. You always have a choice to seek treatment at another health care service provider if you choose.



## **CATARACT SURGERY - A Patient's View**

“After realizing I needed cataract surgery, I was very worried. However, Eye Associates and the SurgiCenter addressed all my concerns. They thoroughly explained each type of lens available and helped me make the best choice based on my personal needs.

The SurgiCenter called me the day before my surgery and went over all of my instructions so I was not confused. During my surgery I was completely relaxed and felt no pain! My husband drove me home after only being at the SurgiCenter for about 2-3 hours.

If I had to do it all over again I would! I would know from the start that there was never a need to worry. Eye Associates and the SurgiCenter of Vineland has a truly caring staff that makes you feel completely at home in their beautiful facility!”



**-Gloria B.**



# To Our Dear Patients...

## GOOD NEWS!!!

It has been common practice amongst eye surgeons to have cataract surgery patients use eye drops before and after their surgery. Now, for your convenience and in keeping with our mission statement of delivering quality patient care, we now offer

**"Dropless™" Cataract Surgery!**

That means no drops before or after surgery, no additional expense to buy the drops, and no burden of administering the drops.



We estimated, depending on your insurance, that most patients spend approximately \$200 - \$300 on these drops. The savings to our patients will be substantial. We are happy in many ways for our patients. As surgeons, we feel much more comfortable knowing that our patients are getting all the medication they need at the time of surgery.

So the hassle of using drops for cataract surgery is now eliminated for the majority of our patients. Going to the pharmacy to get the drops and then refills is eliminated. The extra expense is now eliminated. We know how to make it better and easier for our patients, because we care. If you have any questions, please feel free to ask us.

Sincerely,  
Sydney L. Tyson, MD, MPH  
Karl A. Holzinger, MD

# Patient's Page

*-a place to put your notes-*

*Accredited by the*



ACCREDITATION  
ASSOCIATION  
*for* AMBULATORY  
HEALTH CARE, INC.



**Eye** Associates

**SurgiCenter**  
OF VINELAND

***Sydney L. Tyson, MD, MPH***

*Karl A. Holzinger, MD*

*Hugo M. Linares, DO*

*Robert Penne, MD*

*Barnard A. Kaplan, MD*

*Steven Bachinsky, OD*

*Lawrence J. Mroz, OD*

*Drew Ricchiuti, OD*

*Stefanie Haines, OD*

*Arthur L. Siegel, OD*

### **Office Locations:**

#### **Main Office & SurgiCenter of Vineland**

251 South Lincoln Avenue

Vineland, NJ 08361

856.691.8188

#### **Cherry Hill**

856.428.5797

#### **Blackwood**

856.227.6262

#### **Hammonton**

609.567.2355

#### **Mays Landing**

609.909.0700

