



Dear Patient,

Thank you for scheduling an appointment with Dr. Mason F. Bias.

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Your appointment for your *Cataract Evaluation* is at:  
Visionary Eyecare & Surgery  
12855 North Outer Forty Drive, Suite 260  
South Tower, St. Louis, MO 63141  
Phone 314-983-9800  
Toll Free: (877) 983-9807

We would like to take this opportunity to welcome you as a patient and introduce you to some of our policies and procedures. In this envelope, you will find several papers including: a **"Patient Information" form and "Medical History" forms**. You will also find a **"Patient Introduction to the Provider-Patient Voluntary Arbitration Agreement"**. *This is a document that introduces you to our Arbitration Agreement protocol. As you may be aware, costs associated with professional liability insurance have significantly impacted the cost of healthcare. With the help and guidance of our medical professional liability provider we have begun a policy of Arbitration Agreements with our patients. This Introduction serves as an overview of what arbitration is. Please read this carefully and sign.*

Please be sure to bring the completed "Patient Information" form, the "Medical History" forms, the signed "Patient Introduction to...Arbitration Agreement", your most recent pair of glasses, your insurance card, a photo ID, and any required co-payment to your appointment. **Please do not wear contact lenses.**

A typical *Cataract Evaluation* will last anywhere from 1 1/2 to 2 hours. **Your eyes will be dilated.** Dilation may cause light sensitivity and difficulty with your near vision and typically lasts 4 to 6 hours. ***Some people have difficulty driving while dilated. If you are concerned about this, please bring someone with you to drive you home.***

If for any reason you need to cancel or reschedule your appointment listed above, please call our office at the number above, as soon as possible. We will be happy to find another time that is more convenient for you.

Thank you and we look forward to seeing you!

**A signed copy of this document is to be given to the patient.  
Original is to be filed in the patient's medical record.**

# VISIONARY EYECARE & SURGERY, INC.

Mason F. Bias, M.D., F.A.C.S.

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## PRACTICE POLICIES

Visionary Eyecare & Surgery (VECS) is committed to providing each patient with the utmost in medical and surgical eye care. The following is a summary of our Practice Policies designed to make your experience as a new patient to our office as efficient as possible. Please do not hesitate to ask the office staff for clarification if needed at the time of your appointment.

### Arbitration Agreement

All of our patients are encouraged to read and sign the attached "Patient Introduction to the Provider-Patient Voluntary Arbitration Agreement". ***This Introduction explains what the Arbitration Agreement is and will answer questions you may have.*** The Arbitration Agreement itself will be signed upon check-in at the time of your appointment. ***We understand that some patients may have questions regarding this policy. Quite simply, the Arbitration Policy was adopted by Dr. Bias and VECS (as well as by other practices) as a means to reduce the ever rising premiums paid for Professional Liability coverage.*** To date, neither Dr. Bias nor our practice has ever had any liability claims. Dr. Bias and VECS were not required to implement this policy by the Professional Liability carrier; he has chosen to do so solely as a way to reduce insurance costs. Surgical consultations may be performed without a signed Arbitration Agreement; however, prior to any surgical or extended care, the Arbitration Agreement would need to be signed. If you have questions regarding the Arbitration Agreement that were not answered in the Introduction, please feel free to speak with Dr. Bias or our Professional Liability carrier.

### Financial Policy

While we will file the claims for payment with the patient's insurance company, it is the patient's responsibility to know their benefits with their insurance company (i.e. deductibles, co-pays, co-insurances). VECS expects full payment to be rendered upon receipt of the first statement. If payment arrangements are needed, arrangements can be made prior to services being received with the practice administrator. ***Surgical patients with a deductible of \$500.00 or greater will be required to place a deposit with the office equal to either the deductible or the estimated allowed amount of the surgery (whichever is less) prior to scheduling surgery.*** The deposit can be made on credit card or in the form of a check. Financing options are also available. Outstanding balances over 90 days are subject to intensive collection procedures. Legal fees incurred by VECS to secure payment will be added to your account. ***Our complete financial policy is available upon request.***

### Appointment Policy

We request office visit appointment cancellations be made at least 48 hours in advance to allow other patients access to that time. Patient appointments are scheduled at specific times in order for us to maintain a manageable work flow to allow for less patient waiting time and proper staffing. Therefore, if a patient arrives early for an appointment, we will make every effort to accommodate their early arrival; however, it is possible that they will not be seen until their appointed time. ***Patients will be taken in the order of their appointment times, not order of arrival.*** Any patient who arrives more than 10 minutes late for their appointment time shall be advised that they are late and that if they choose to stay, every effort will be made to accommodate them. The patient may be rescheduled at our discretion, depending on schedule availability. Patients who no show for their scheduled office visit or surgery may be assessed an administration fee. Complete details may be found in our financial policy, which is available upon request.

**At Visionary Eyecare & Surgery, our mission is your vision!**

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## **VISIONARY EYECARE & SURGERY, INC.**

### **Mason F. Bias, M.D., F.A.C.S.**

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#### ***What is a Cataract?***

A cataract is a clouding of the lens inside the eye, which is normally clear and transparent. When a cataract develops, the lens becomes foggy like a frosted window. There are many misconceptions about cataracts. They are not tumors or a new growth of skin or tissue over the eye. They don't spread from eye to eye, and they're not caused by using our eyes too much. In fact, no one really knows what causes cataracts, or how to prevent them. They usually develop over a period of years, and are considered a normal part of the aging process. Most of us, if we live long enough, will develop cataracts. But today, thanks to modern surgical techniques, we don't have to live with them.

#### ***Ultrasonic Cataract Removal***

In the United States, cataracts are typically removed by using ultrasound. Ultrasonic cataract removal (**phacoemulsification**) was first developed over 30 years ago. Constant advances in the ultrasonic equipment as well as the related surgical technique have caused a dramatic transformation in the field of cataract surgery, leading to a marked improvement in patient outcomes. In phacoemulsification, high frequency sound waves are used to remove the cataract. The surgeon makes a very small incision, less than 1/8 inch wide, in the clear part of the eye. A microscopic probe is inserted through this tiny incision, the waves of the ultrasound dissolve the cataract, and it is removed by gentle suction. Ultrasonic cataract removal is safe, quick and painless. With the "No Shot, No Stitch, No Patch" technique, recovery is usually rapid, allowing you to get back to the things you enjoy much more quickly than ever before.

#### ***Intraocular Lens Implant***

Today, intraocular lens implants are used in almost all cataract surgeries. A clear lens is inserted into the eye during the surgery to replace your cloudy lens. Lens implants give much better vision than cataract glasses and eliminate the need for contact lenses. They also enable you to maintain side vision and depth perception. Even with a lens implant, you may still need to wear glasses, especially for reading or close work. Today's lenses are manufactured according to the most advanced medical and optical knowledge, using a special material that is completely compatible with the delicate tissues of the eye.

#### ***After Surgery***

After cataract surgery, some patients notice that their vision begins to improve almost immediately. Others may experience blurry vision for the first few days. You may resume your normal activities the day after surgery, taking care to avoid any heavy lifting or straining. For protection, you will wear an eye shield while sleeping for one week. You will be instructed about using your eye drops, and wearing protective sunglasses when you're outside during the day. Between two and six weeks after surgery your eyes will be examined for new glasses, allowing you to maximize your visual potential!

If you have any questions about cataracts or their removal, please don't hesitate to contact us.  
Thank you for trusting us with your care.

**At Visionary Eyecare & Surgery, our mission is your vision!**

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**VISIONARY EYECARE & SURGERY, INC.**  
**Mason F. Bias, M.D., F.A.C.S.**

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**DIRECTIONS TO OUR OFFICE**

**12855 North Outer Forty, Suite 260, South Tower, St. Louis, MO 63141**

***Visionary Eyecare & Surgery is located on North Outer Forty Drive in the Walker Medical Building.***

***Traveling North on Hwy 270***, exit onto 40 West to Mason Road, stay in the far right turn lane, this will take you onto the North Outer Forty. Go ½ mile and turn left at the Walker Medical Building sign. Enter at the South Tower.

***Traveling South on Hwy 270***, exit onto 40 West to Mason Road, stay in the far right turn lane, this will take you onto the North Outer Forty. Go ½ mile and turn left at the Walker Medical Building sign. Enter at the South Tower.

***Traveling West on Hwy 40***, exit onto Mason Road, stay in the far right turn lane, this will take you onto the North Outer Forty. Go ½ mile and turn left at the Walker Medical Building sign. Enter at the South Tower.

***Traveling East on Hwy 40***, exit onto Mason Road, take a left over the highway, make a right onto North Outer Forty, go ½ mile and turn left at the Walker Medical Building sign. Enter at the South Tower.



Our office is located on the 2<sup>nd</sup> Floor. Our building is handicapped accessible with an elevator conveniently located just inside the front door.

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# VISIONARY EYECARE & SURGERY, INC.

Mason F. Bias, M.D., F.A.C.S.

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## *Can Anything Help My Astigmatism?*

### *About Astigmatism...*

The human eye is best able to focus if the cornea (the front clear window of the eye) is round like a basketball. Astigmatism occurs when the cornea has an oval shape like a football. This causes light rays entering the eye to be focused at more than one point on the retina, causing a reduction in vision. Many patients suffer some degree of astigmatism and never experience truly clear vision, not knowing what they are missing. Symptoms of astigmatism include: image distortion and shadows, double vision, tilted images, light sensitivity, glare, and tired eyes.

### *What can be done?*

Fortunately, advances in cataract surgery and lens implants have led to techniques that can reduce or eliminate your astigmatism. The **Acrysoft IQ Toric** intraocular lens (IOL) is a revolutionary breakthrough in technology that allows us to correct astigmatism in conjunction with cataract removal. For patients with higher degrees of astigmatism, additional micro incisions can be made along the more highly curved, or “steep” portions of the cornea. This allows those areas to flatten out, giving the cornea a more desirable round shape and better vision.

### *But my doctor recommends I undergo cataract surgery...*

Cataract surgery is the ideal time to correct any astigmatism. That is because with modern cataract removal, all patients receive a lens implant, so why not use one that also corrects astigmatism! Patients enjoy the convenience of having both procedures simultaneously, and give themselves the best chance of clear vision after surgery. Cataract surgery alone can correct only nearsightedness or farsightedness, but not astigmatism. Thus patients may not truly experience their full visual potential if the astigmatism is not also corrected.

### *What benefits could I experience?*

First and foremost, by reducing or eliminating your astigmatism at the time of cataract surgery, **you improve your chances of not needing any glasses for distance vision after surgery. If you do need glasses, they will be lighter and thinner than before surgery**, and often less expensive. You also may experience greater visual comfort, as glare, image distortion, and eye strain are reduced. While no procedure is perfect, Dr. Bias has years of experience in successfully treating astigmatism at the time of cataract removal. ***Patients should remember they will typically still need reading glasses after their cataract removal, whether or not the astigmatism was treated.***

### *Is this service covered by my insurance?*

Unfortunately, Medicare and most other major insurance carriers do not cover “refractive” services. This is why you must make a separate payment for your glasses check at the time of your examination. Keeping with this policy, astigmatism treatment at the time of cataract surgery is also typically not covered.

However, as the leader in cataract care in the St. Louis area, Visionary Eyecare & Surgery is pleased to offer this valuable service for a small additional fee. Because the measurements can be obtained during your pre-operative evaluation, and the procedure is carried out in conjunction with your cataract surgery, we are able to pass these savings on to you. And all for a fraction of the cost of traditional laser vision correction procedures.

### *The Value of Better Vision...*

Better vision at distance without glasses, save money on glasses after surgery, and an improved quality of life...all with a painless, low risk, economical procedure... but only at the time of your cataract surgery! **Ask Dr. Bias if this treatment can help you see better, today!**

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**At Visionary Eyecare & Surgery, our mission is your vision!**

**VISIONARY EYECARE & SURGERY, INC.  
Mason F. Bias, M.D., F.A.C.S.**

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***Want to experience the ultimate in vision after cataract surgery?***

***Surgical correction of Presbyopia in conjunction with  
Advanced Cataract Removal is now being offered!***

**Presbyopia** is the natural loss of reading vision that occurs with age, as well as after standard cataract surgery. Until recently reading glasses or bifocals were typically needed to provide up close vision. But thanks to a breakthrough in lens implant technology, many patients can now enjoy distance and reading vision after cataract removal without depending on glasses! Your care includes:

- State of the art cataract removal using the ***AMO ReZoom or Tecnis Multifocal or the Alcon ReStor multifocal lens implant, or the Bausch & Lomb Crystalens accommodating lens implant, allowing for distance, near, and intermediate vision.*** Nearly 90% of patients report never or only occasionally needing glasses; **however as with any surgical treatment, individual results may vary, and additional treatment or glasses may be necessary.**
- Surgery performed by **Mason F. Bias, MD, FACS**, St. Louis' leader in advanced cataract care, and one of only two surgeons in the region to be board certified as a **Cataract Specialist by the American Board of Eye Surgery**. Dr. Bias utilizes the "No-Shot, No-Stitch, No-Patch" cataract removal technique, allowing for the most rapid improvement in visual function and the greatest degree of comfort after surgery.
- Comprehensive pre-operative evaluation and counseling to include a detailed determination of the refractive state of your eye, corneal pachymetry to evaluate for underlying corneal disease, and other advanced tests and measurements not typically covered under Medicare or private insurance benefits for traditional cataract removal.
- For patients with significant pre-existing astigmatism, **Limbal Relaxing Incisions (LRI)** are also included to maximize your visual potential. Please see our related flyer on astigmatism for more details.

Please complete and return the enclosed "**Vision and Lifestyle Questionnaire**" to see if you're a candidate for this exciting breakthrough in lens implant technology, and enjoy a whole new world of brightness, color, and range of vision with less dependence on glasses after your cataract procedure!

*Additional fees apply and are in addition to the standard fees billed by the surgeon and the facility for cataract removal to your insurance carrier. You may still be responsible for a portion of these charges, depending on your insurance coverage. Please feel free to discuss these billing procedures with your surgical representative if you have any questions.*

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St. Louis, MO 63141 (314) 983-9800 Toll Free: (877) 983-9807**

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## **PATIENT INTRODUCTION TO THE PROVIDER–PATIENT VOLUNTARY ARBITRATION AGREEMENT**

In an effort to provide some explanation regarding the Provider–Patient Voluntary Arbitration Agreement, this Patient Introduction to the Provider–Patient Voluntary Arbitration Agreement (“Patient Introduction”), which forms a part of the Provider–Patient Voluntary Arbitration Agreement, is provided to you in order to make you more aware of the terms of that agreement.

### **What is the Provider–Patient Voluntary Arbitration Agreement?**

This is an agreement between you and your medical provider to resolve disputes without going to court. The definition of your medical provider includes your physician, the company or medical group that your physician is a part of, and its agents, employees, associates, staff members, partners, officers, directors, shareholders, proprietors or equity owners (collectively referred to as the “Provider”). You should read the agreement carefully before deciding whether or not to sign.

### **What claims are covered?**

All present or future claims of any kind between you and your family or those acting on your behalf and your Provider for which you might sue your Provider are subject to arbitration, except for claims that your Provider may have against you for payment of fees for medical services rendered. Those medical fees may be recovered in associate circuit court or small claims court by the Provider.

### **What is arbitration?**

Arbitration is an alternative way of resolving disputes. Instead of taking your disagreement through the sometimes long and expensive process of court litigation, you and your Provider agree in advance to submit any disputes arising out of the Provider’s services to arbitration. Parties to arbitration have the right to present evidence and subpoena and cross-examine witnesses. After a hearing, which is usually less formal than a court proceeding, the arbitrator(s) make(s) a final decision. Although the procedures are different, generally the same laws and same measure of damages applied in court proceedings apply in arbitration. Missouri law will be applied by the arbitrators to the dispute under the agreement.

### **Who chooses the arbitrator(s)?**

You and your Provider each agree to appoint an arbitrator, and those arbitrators will appoint a third arbitrator. If you and your Provider do not make a timely selection, either you or your Provider may apply to the state circuit court to have the court name or appoint an arbitrator to hear the arbitration proceeding. Chapter 435 of the Revised Statutes of Missouri also provides for the court to appoint an arbitrator if there is no agreement on identifying the third arbitrator.

### **Who is bound by this agreement?**

If you choose to sign the Provider–Patient Voluntary Arbitration Agreement, you will be agreeing to bind yourself and anyone who could bring suit in connection with treatment or services provided to you by your Provider. If you sign on behalf of a family member or some other person for whom you have responsibility, you will bind that person as well as anyone who could sue in connection with the treatment or services provided to that person by his or her Provider. Likewise, the Provider, or anyone suing on behalf of the Provider, is bound by the agreement. If the Provider is temporarily absent from practice and refers you to a substitute physician or other Provider who has agreed to be bound by the terms of this agreement, then any disputes between you and the substitute physician or Provider, or vice versa, will also be subject to arbitration.

Any other person with an interest in the dispute will be permitted and may be required to participate in the arbitration proceeding so that the entire matter may be arbitrated at one time.

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**PROVIDER-PATIENT**  
**VOLUNTARY ARBITRATION AGREEMENT**

**I. Agreement to Arbitrate.**

The parties to this Provider-Patient Voluntary Arbitration Agreement (“Arbitration Agreement”) are Mason F. Bias, M.D., F.A.C.S. and Visionary Eyecare & Surgery, Inc., (collectively, the “Provider”), and the Patient named below. It is understood that any dispute as to medical malpractice—that is as to whether any medical services rendered or that were failed to be rendered by the Provider or by any of Provider’s agents, employees, associates, staff members, partners, officers, directors, shareholders, proprietors or equity owners to the Patient were unnecessary or unauthorized, were improperly, negligently or incompletely rendered, or the failure to render such services was improper or otherwise negligent—will be determined by submission to arbitration binding upon the parties and not by a lawsuit or other resort to court or the judicial process except as state law provides for judicial review of arbitration proceedings.

The parties recognize that, in Missouri, there is a right to appeal an arbitration award; however, unless there is evidence of fraud on the part of the arbitrator(s) or a serious procedural defect, an arbitration award pursuant to this Arbitration Agreement would not be overturned and would be a final award. The parties to this Arbitration Agreement, by entering into it, are waiving their constitutional right to have any such dispute decided in a court of law before a jury or before a judge and instead are accepting the use of arbitration as the appropriate and exclusive forum to resolve any dispute or controversy between them.

**II. All Claims Must be Arbitrated.**

It is the mutual agreement and intention of the parties that this Arbitration Agreement bind all parties whose claims may arise out of or relate to treatment or services provided by the Provider, including any spouse or heirs of the Patient, or any others making a claim on the Patient’s behalf, and any children, whether born or unborn at the time of the occurrence giving rise to any claim, including where a claim arises due to the treatment of or services provided to any pregnant woman. The term “Patient” herein shall include that individual receiving medical treatment or advice and, where applicable, shall include both the woman patient and the woman’s expected child or children. The term “Provider” herein shall include all of Provider’s agents, employees, associates, staff members, partners, officers, directors, shareholders, proprietors or equity owners.

The parties mutually agree that they shall submit to binding arbitration all disputes (except actions by the Provider to collect a fee) against each other and their respective agents, partners, associates, officers, directors, shareholders, equity owners, employees, representatives, members, fiduciaries, governing bodies, subsidiaries, parent companies, affiliates, insurers, attorneys, predecessors, estates, successors and assigns, or any of them and all persons, corporations, partnerships or other entities with whom any of the former have been, are now or may be affiliated with at the time of the accrual of the cause of action, for all disputes arising out of or in any way related to or connected with the care and treatment of the Patient provided by the Provider, including but not limited to any disputes concerning alleged personal injury to the Patient caused by improper or inadequate care; allegations of medical malpractice; claims of loss of consortium, wrongful death and emotional distress; any disputes concerning whether any statutory provisions relating to the Patient’s rights under Missouri law were violated; any claim for punitive damages; and any other dispute under Missouri or federal law based on contract, tort or statute, all of which shall be determined by submission to binding arbitration and not by a lawsuit or resort to judicial process except as state law provides for judicial review of arbitration proceedings. The filing of any action in any court by the Provider to collect any fee from the Patient shall not waive the right to compel arbitration of any other claim as described above. Following the assertion in

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court of any claim against the Provider, however, any fee dispute, whether or not the subject of any existing court action, shall also be resolved by arbitration.

### **III. Procedures and Applicable Law.**

A demand for arbitration under this Arbitration Agreement must be communicated in writing to all parties. Each party shall select an arbitrator ("Party Arbitrator") within thirty (30) days of such demand, and a third arbitrator ("Neutral Arbitrator") shall be selected by the appointed Party Arbitrators within sixty (60) days thereafter. In the event the two Party Arbitrators fail to select the Neutral Arbitrator within the sixty (60) day period, a third arbitrator will be appointed from a panel of five arbitrators supplied by Pinnacle Arbitration and Mediation Services, 4232 Forest Park Ave, Saint Louis, Missouri 63108. Within thirty (30) days of the panel of five arbitrators being supplied, the parties will each strike two arbitrators on the panel according to the following procedure and the remaining arbitrator will be the Neutral Arbitrator. First, the Provider will strike one of the arbitrators on the panel; then the Patient will strike one of the remaining four arbitrators on the panel; then the Provider will strike one of the remaining three arbitrators on the panel; finally, the Patient will strike one of the remaining two arbitrators on the panel. Either party shall have the right to request the state circuit court located in the county where the Patient resides or where the Provider's principal place of business is located to appoint a neutral arbitrator in the event that the method provided herein fails, and the court's selection shall be final and binding on the parties.

Each party to the arbitration shall pay one hundred percent (100%) of the expenses and fees of its own Party Arbitrator and fifty percent (50%) of the expenses and fees of the Neutral Arbitrator as well as other expenses and fees of the arbitration, not including its own counsel fees or witness fees or other expenses incurred by a party for such party's own benefit.

The arbitrators shall apply the laws of the State of Missouri, including the applicable statute of limitations and the limitation on damages applicable to medical malpractice cases against health care providers, which is found in Chapter 538 of the Revised Statutes of Missouri.

The arbitration hearing will be held before a panel of three (3) arbitrators unless the parties agree otherwise. A decision by the majority of arbitrators hearing the case shall be the final decision of the arbitrators in the arbitration.

Any party to the arbitration as set forth in this Arbitration Agreement may be represented by an attorney of his or her choice at his or her own expense. The arbitrators will hear the facts and reach a decision whether or not the parties are represented by an attorney.

Either party shall have the absolute right to arbitrate separately the issues of liability and damages upon written request to the Neutral Arbitrator. However, all claims based upon the same incident, transaction or related circumstances shall be arbitrated in one proceeding or else waived.

The parties consent to the intervention and joinder in this arbitration of any person or entity which would otherwise be a proper additional party in a court action and upon such intervention or joinder, any existing court action against such additional person or entity shall be stayed pending arbitration.

The arbitration proceeding shall be conducted in accordance with the provisions of Chapter 435 of the Revised Statutes of Missouri, as such may be amended from time to time.

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All claims based upon the same incident, transaction or related circumstances shall be arbitrated in one proceeding or else waived. A claim shall be waived and forever barred if: (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable state statute of limitations; (2) the Patient fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence; or (3) the Patient fails to raise all potential claims from the same incident, transaction or related circumstances to the arbitration proceeding.

#### **IV. Acknowledgements.**

Upon signing this Arbitration Agreement submitting to binding arbitration all disputes or controversies arising out of the Provider's services provided to Patient, the Patient hereby acknowledges the following:

The Patient, and/or his or her legal representative, understands that he or she has the right to consult with an attorney of his or her choice before signing this Arbitration Agreement.

The Patient, and/or his or her legal representative, understands, agrees to, and has received a copy of this Arbitration Agreement, has had an opportunity to ask any questions about this Arbitration Agreement and has entered into this Arbitration Agreement willingly.

Each party agrees to waive the right to a trial, before a judge or jury, for all disputes (except actions by the Provider to collect a fee) as stated above, subject to the provisions of binding arbitration under this Arbitration Agreement.

This Arbitration Agreement may be revoked by Patient upon written notice delivered to the Provider within seven (7) days of the Patient's signature date, and if not revoked within that time frame, it will govern all claims regarding medical services involving Patient and Provider.

The Patient, and/or his or her legal representative, acknowledges that he or she has read carefully each provision of this Arbitration Agreement and the Introduction to the Provider–Patient Voluntary Arbitration Agreement and has received a copy of each.

#### **V. Miscellaneous.**

The original Arbitration Agreement is to be filed in Patient's medical records.

If any provision of this Arbitration Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

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**VISIONARY EYECARE & SURGERY, INC.**  
**Mason F. Bias, M.D., F.A.C.S**

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**SUMMARY OF PRIVACY PRACTICES**

This summary of our privacy practices contains a condensed version of our Notice of Privacy Practices. Our full-length Notice is available upon request.

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

We understand that your medical information is personal to you and we are committed to protecting the information about you. As your patient, we create medical records about your health, our care for you, and the services and/or items we provide to you as our patient. By law, we are required to make sure that your protected health information is kept private.

How will we use or disclose your information? Here are a few examples (for more detail please refer to the Notice of Privacy Practices that is available in the office):

- For medical treatment
- To obtain payment for our services
- In emergency situations
- For appointment and patient recall reminders
- To run our Practice more efficiently and ensure all our patients receive quality care
- For research
- To avert a serious threat to health or safety
- For organ and tissue donation
- For workers' compensation programs
- In response to certain requests arising out of lawsuits or other disputes

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our Office Manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

You have certain rights regarding the information we maintain about you. These rights include:

- The right to inspect and copy
- The right to amend
- The right to an accounting of disclosures
- The right to request restrictions
- The right to a paper copy of this notice
- The right to request confidential communications

For more information about these rights, please see the detailed Notice of Privacy Practices that is available by request in our office.

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