



#### Main Locations

Anoka  
Blaine  
Duluth  
Edina  
Mankato  
Maplewood  
St. Cloud  
St. Louis Park  
Woodbury

#### Additional Locations

Apple Valley  
Baxter  
Chaska  
Hutchinson

#### Business Office

Retina Consultants  
of Minnesota  
3601 W 76th St, Ste 300  
Edina, MN 55435  
952-897-1175

#### Our Physicians

Herbert Cantrill, MD  
Steven Bennett, MD  
David Williams, MD  
Edwin Ryan Jr, MD  
Abdhisht Bhavsar, MD  
Sundeep Dev, MD  
Robert Mittra, MD  
Polly Quiram, MD, PhD  
Geoffrey Emerson, MD, PhD  
M. Vaughn Emerson, MD  
John Davies, MD  
Jacob Jones, MD, PhD  
D. Wilkin Parke III, MD  
Yevgeniy Sychev, MD  
Peter Tang, MD, PhD  
Ananth Sastry, MD  
Peter Belin, MD  
Christopher Hwang, MD, PhD  
Zeeshan Haq, MD  
Guneet Sodhi, MD  
Tommaso Vagaggini, MD

#### Scheduling Hotlines

800-877-2500

Formerly VitreoRetinal Surgery

800-233-8504

(Formerly Retina Center)

RetinaMN.com

**The following information is provided to help you prepare for your upcoming visit. In this packet, you will find:**

1. Map, Address and Phone Numbers to all locations
2. Demographic information page
3. Medical History Questionnaire
4. Financial Policy
5. **If you have been scheduled for an urgent evaluation that may require surgery, please see the enclosed Patient Instructions for Pre-Surgical Evaluation.**

**Some insurance plans require a referral in order to pay for services.**  
**If a referral is required, it is the patient's responsibility to secure the necessary referral prior to the visit.**

#### **Your Appointment Day:**

1. Bring your completed medical history questionnaire & list of medications
2. Bring your Photo ID
3. Bring your current Insurance Card
4. Bring your co-pay, if required by your Insurance Payer
5. Your eyes **will be dilated** so bring a driver. The effects of the dilation can last up to several hours or even into the next day.
6. Your appointment may last **1 1/2 to 2 1/2 hours.**

If you have any questions, please call the Site where your visit will take place.  
In addition, please feel free to visit our website at [www.RetinaMN.com](http://www.RetinaMN.com).

Thank you for choosing Retina Consultants of MN as your retina care specialist.  
The physicians and staff of are all committed to providing you with high-quality care in an efficient and compassionate environment.

**Formerly VitreoRetinal Surgery and The Retina Center**

**Edina**  
952-929-1131 - Phone  
952-929-8873 - Fax  
Centennial Lakes Office Park  
3601 W. 76th Street  
Third Floor  
Edina, MN 55435

**St. Louis Park**  
763-550-1002 - Phone  
763-550-1003 - Fax  
Medical XChange Building  
6099 Wayzata Blvd.  
Suite 130  
St. Louis Park, MN 55416

**Woodbury**  
651-361-8100 - Phone  
651-361-8101 - Fax  
7115 Tamarack Rd.  
Suite 100  
Woodbury, MN 55125

**St. Cloud**  
320-654-8353 - Phone  
320-654-8663 - Fax  
Midsota Center  
3701 12th Street N.  
Suite 102  
St. Cloud, MN 56303

**Blaine**  
763-235-4104 - Phone  
763-755-0277 - Fax  
11091 Ulysses Street NE  
Suite 200  
Blaine, MN 55434

**Duluth**  
218-625-5020 - Phone  
218-625-8179 - Fax  
United Health Building  
4316 Rice Lake Road  
Suite 106  
Duluth, MN 55811

**Maplewood**  
612-871-2292 - Phone  
952-460-5274 - Fax  
2485 Maplewood Drive N.  
Suite 213  
Maplewood, MN 55109

**Anoka**  
612-871-2292 - Phone  
952-460-5274 - Fax  
2830 Cutters Grove Ave.  
Suite 100  
Anoka, MN 55303

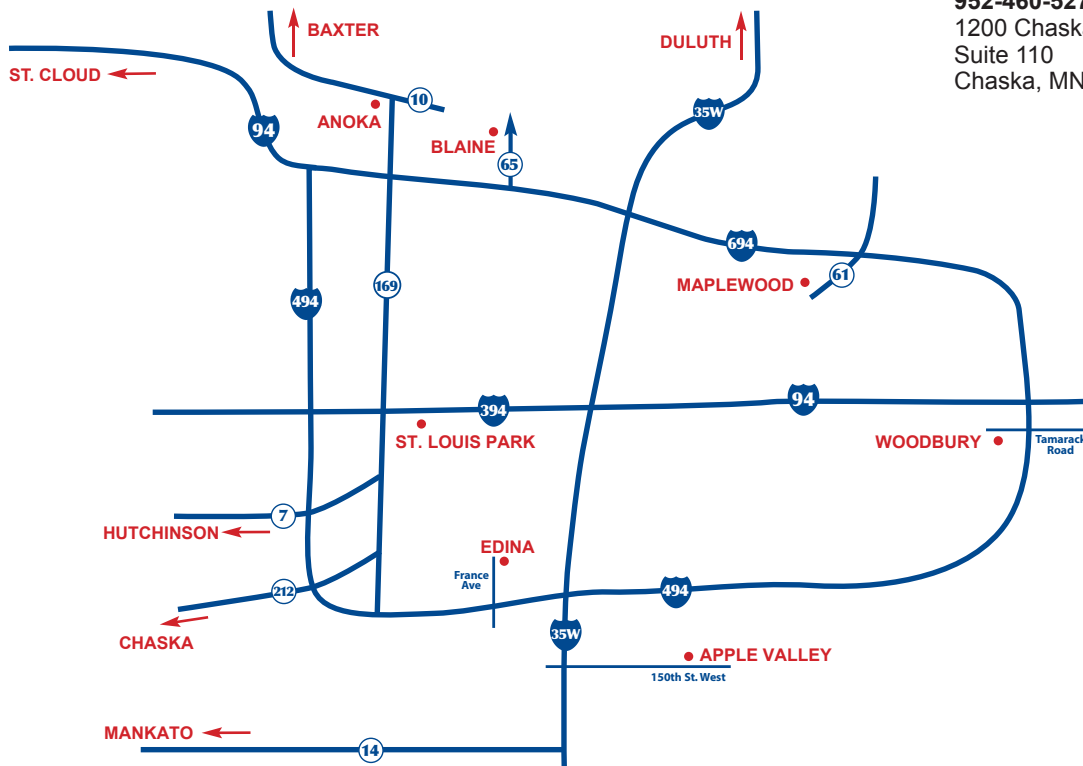
**Mankato**  
612-871-2292 - Phone  
952-460-5274 - Fax  
99 Navaho Ave.  
Suite 100  
Mankato, MN 56001

**Baxter**  
612-871-2292 - Phone  
952-460-5274 - Fax  
7636 Design Rd.  
Suite 105  
Baxter, MN 56425

**Apple Valley**  
612-871-2292 - Phone  
952-460-5274 - Fax  
14655 Galaxie Ave.  
Second Floor  
Apple Valley, MN 55124

**Hutchinson**  
612-871-2292 - Phone  
952-460-5274 - Fax  
1455 Montreal St. SE  
Hutchinson, MN 55350

**Chaska**  
612-871-2292 - Phone  
952-460-5274 - Fax  
1200 Chaska Creek Way  
Suite 110  
Chaska, MN 55318



Revised 06/01/2022

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|---|--|---|--|
| <input type="checkbox"/> Herbert Cantrill, MD | <input type="checkbox"/> Robert Mitra, MD        | <input type="checkbox"/> Peter Belin, MD            | <input type="checkbox"/> Abdhish Bhavsar, MD       |
| <input type="checkbox"/> Steven Bennett, MD   | <input type="checkbox"/> Polly Quiram, MD, PhD   | <input type="checkbox"/> Christopher Hwang, MD, PhD | <input type="checkbox"/> Geoffrey Emerson, MD, PhD |
| <input type="checkbox"/> David Williams, MD   | <input type="checkbox"/> John Davies, MD         | <input type="checkbox"/> Sushant Wagley, MD         | <input type="checkbox"/> M. Vaughn Emerson, MD     |
| <input type="checkbox"/> Edwin Ryan Jr, MD    | <input type="checkbox"/> D. Wilkin Parke III, MD | <input type="checkbox"/> Zeeshan Haq, MD            | <input type="checkbox"/> Jacob Jones, MD, PhD      |
| <input type="checkbox"/> Sundeep Dev, MD      | <input type="checkbox"/> Peter Tang, MD, PhD     | <input type="checkbox"/> Guneet Sodhi, MD           | <input type="checkbox"/> Yevgeniy Sychev, MD       |
|   | <input type="checkbox"/> Ananth Sastry, MD       | <input type="checkbox"/> Tommaso Vagaggini, MD      |  |

**Your Next Appointment is Scheduled for:**

Doctor Name	Clinic Location	Date	Time
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RETINA  
CONSULTANTS  
OF MINNESOTA

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May we leave a detailed message at/with person answering: (Circle) Cell Home Work

Gender: (Circle) Male Female Email Address: \_\_\_\_\_

Sexual Orientation: (Circle) Heterosexual Homosexual Bisexual Something Else Don't Know Decline

Gender Identity: (Circle) Male Female Transgender Other Decline

Race: (Circle) American Indian Asian Black/African American Native Hawaiian/Pacific Islander White Other Decline

Preferred Language: \_\_\_\_\_ Ethnicity: (Circle) Hispanic/Latino Not Hispanic/Latino Unknown Decline

Marital Status: (Circle) Single Married Widowed Divorced Decline

Employment Status: (Circle) Student Full Time Part Time Retired Self

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone: \_\_\_\_\_

Responsible Party: (Circle) Self Other If Other, please provide name & birthdate: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_ Ok to discuss care?

Name/Relationship: \_\_\_\_\_ Phone \_\_\_\_\_ Yes No

Name/Relationship: \_\_\_\_\_ Phone \_\_\_\_\_ Yes No

#### Referring Eye Doctor/Clinic

Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Primary Care Physician/Clinic

Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Chart#: \_\_\_\_\_

## MEDICAL HISTORY QUESTIONNAIRE

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

PAST EYE SURGERIES: \_\_\_\_\_

Do you currently have any problems in the following areas?	Yes	No	DESCRIBE
RECENT ILLNESS			
EAR NOSE THROAT (hearing, sinus)			
HEART (chest pain, heart rhythm)			
RESPIRATORY (asthma, emphysema)			
KIDNEY/URINARY (infections, stones)			
BONES (arthritis, fractures)			
SKIN (rashes, lesions, cancer)			
NEUROLOGICAL (strokes, seizures, dizziness)			
EMOTIONAL (anxiety, depression)			
ENDOCRINE (thyroid, weight changes)			
BLOOD (anemia, bleeding, bruising)			
ALLERGIES (medication, tape, environmental, dye, fluorescein, latex)			

HAVE YOU BEEN IN THE HOSPITAL RECENTLY? IF SO, WHAT FOR? \_\_\_\_\_

ARE YOU DIABETIC? Y N HOW LONG? \_\_\_\_\_ UNDER CONTROL? Y N

DO YOU HAVE HIGH BLOOD PRESSURE? Y N CANCER? Y N TYPE? \_\_\_\_\_

OTHER MEDICAL PROBLEMS: \_\_\_\_\_

HAVE YOU HAD ANY MAJOR SURGERIES IN YOUR LIFE? Y N WHAT TYPE? \_\_\_\_\_

FAMILY HISTORY: GLAUCOMA DIABETES RETINAL DETACHMENT MACULAR DEGENERATION

WHO HAS IT: \_\_\_\_\_

WHAT IS YOUR OCCUPATION? \_\_\_\_\_

DO YOU DRIVE? Y N DO YOU SMOKE? Y N DO YOU DRINK ALCOHOL? Y N

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Retina Consultants of Minnesota Financial Policy

## Insurance

You are ultimately responsible for the cost of your care at Retina Consultants of MN. Please bring your insurance card(s) with you to every office visit. Accurate, up-to-date, and complete insurance information, and an understanding of your insurance carrier's policies regarding co-payments and deductibles will minimize the potential for financial surprises and misunderstandings.

The Business Office phone number is (952) 897-1175. **If you are a new patient to RCM**, please call the business office prior to your first visit to our practice to provide your complete insurance information. **If you are an existing patient whose insurance has changed**, please call the business office promptly to inform us of your new insurance information. If you have questions about our participation in your insurance program or health plan, you may call your insurance plan or our business office. ***We are participating physicians in Medicare.***

***If you do not have insurance, we require payment of initial estimated charges (minimum \$350) at the time of service for each appointment.*** See Self-Pay Policy below.

## Picture Identification

Due to widespread insurance fraud and identity theft, picture identification is required when you register in our office.

## Insurance Required Co-pays

Insurance required "Co-pays" are due at the time of service. If you are unable to make this payment, we will reschedule your appointment to a time when you are able to pay your co-pay. You may also contact our Business Office ***prior*** to your appointment at (952) 897-1175 to make financial arrangements.

## Payment options

Our office accepts cash, checks and credit card payments.

## Submission of Claims

As a courtesy, we will bill your insurance for all services. If there is a remaining balance due after your insurance carrier pays, RCM will send you an invoice. You have 30 days to make payment on the invoice. Any account not paid within 30 days of billing will be considered delinquent. Payment arrangements can be made for special circumstances by contacting the Business Office at (952) 897-1175.

## Outstanding Balances

We urge you to keep your account current to avoid any misunderstandings with our office. Account balances past due over 30 days may be sent to an outside agency for collections. If your account is sent to collections, the account is out of our hands. If you need to make special payment arrangements, it is your responsibility to contact our Business Office before your account is turned over to an outside agency.

## Self-Pay Policy

All cash patients and patients without valid insurance information are considered Self-Pay Patients and must pay for services at the time the service is provided. All Self-Pay Patients must contact our Business Office at (952)897-1175 prior to your appointment. **A minimum deposit of \$350 is required prior to being seen by our technical staff and physicians at every visit.** If you and your physician determine that you need additional appointments, treatment or testing, you should contact the Business Office to make payment arrangements prior to scheduling. If you suffer from financial hardship and desire consideration of alternate payment options you will be asked to complete a Hardship Application.

## Other Charges You May Incur

If we are asked to complete additional forms or reports for you there may be additional charges. These fees will **not** be billed to your insurance company. RCM may charge fees for the following:

- Disability forms
- FMLA forms
- Copies of medical records
- Returned checks

## Credit Balances

If an encounter has a credit balance, the patient grants permission to transfer that credit to another open encounter with Retina Consultants of Minnesota

## Check Processing

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction. For inquiries, please call (952) 897-1175.

**I have read the Retina Consultants of Minnesota financial policy and have been given an opportunity to ask questions on any points that I did not understand. I agree to abide by the policy.**

Signature of Patient/Guardian

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Patient Name

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Date

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**Patient Instructions for Pre-Surgical Evaluation**  
**Important Information About Your Urgent Evaluation**

1. Based on your scheduled evaluation, your retina physician will determine if/when surgery is recommended. Forms of surgical care vary significantly so if surgery is recommended, your physician will review your specific surgical plan with you.
2. If surgery is recommended, the day and time will be communicated to you following your evaluation. Next, you will meet with a surgical coordinator who will review additional details including your insurance coverage, the location of your surgery, the recovery process, etc. Both the surgical facility and surgeon will be determined based on urgency.
3. Retinal surgeries require very specialized equipment in a sterile operating room and cannot be performed in the clinic where you will be evaluated.
4. All surgical facilities are located in the Minneapolis / St. Paul area. If you are traveling from outside the metro, you will need to make arrangements for overnight accommodations.
5. You will need a driver to and from your evaluation. You will also need to make plans to have someone stay with you overnight if surgery is performed.
6. It is important that you do not eat or drink anything 8 hours prior to surgery and surgery could possibly be scheduled within 1-2 hours following your evaluation. Failure to accommodate this requirement may result in the delay or postponement of surgery.
7. On the day following surgery, plan on being seen again for a post-op evaluation. Again, you will need a driver. This evaluation allows our doctors to check your eye pressure and rule out any evidence of infection. After this evaluation, you can schedule future appointments at the clinic most convenient for you.

**Clinic Locations**

- **Blaine:** 11091 Ulysses Street NE, Ste 200 Blaine 763-235-4104
- **Duluth:** United Health Care Bldg, 4316 Rice Lake Road, Ste 106 Duluth 218-625-5020
- **Edina:** Centennial Lakes Office Park, 3601 W 76th Street, Ste 300 Edina 952-929-1131
- **St. Louis Park:** XChange Medical Bldg, 6099 Wayzata Blvd, Ste 130 St. Louis Park 763-550-1002
- **St. Cloud:** Midsota Center, 3701 - 12th Street N, Ste 102 St. Cloud 320-654-8353
- **Woodbury:** 7115 Tamarack Road, Ste 100 Woodbury 651-361-8100
- **Anoka:** 2830 Cutters Grove Avenue Anoka 800-233-8504
- **Maplewood:** 2485 Maplewood Drive N, Ste 213 Maplewood 800-233-8504
- **Mankato:** 99 Navaho Avenue Mankato 800-233-8504
- **Apple Valley:** 14655 Galaxie Avenue, Second Flr Apple Valley 800-233-8504
- **Baxter:** 7636 Design Road, Ste 105 Baxter 800-233-8504
- **Chaska:** 1200 Chaska Creek Way, Ste 110 Chaska 800-233-8504
- **Hutchinson:** 1455 Montreal Street SE Hutchinson 800-233-8504

Call Toll-free: 800-877-2500 (formerly VitreoRetinal Surgery) or 800-233-8504 (formerly Retinal Center)

or

Visit [www.RetinaMN.com](http://www.RetinaMN.com)