



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.

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

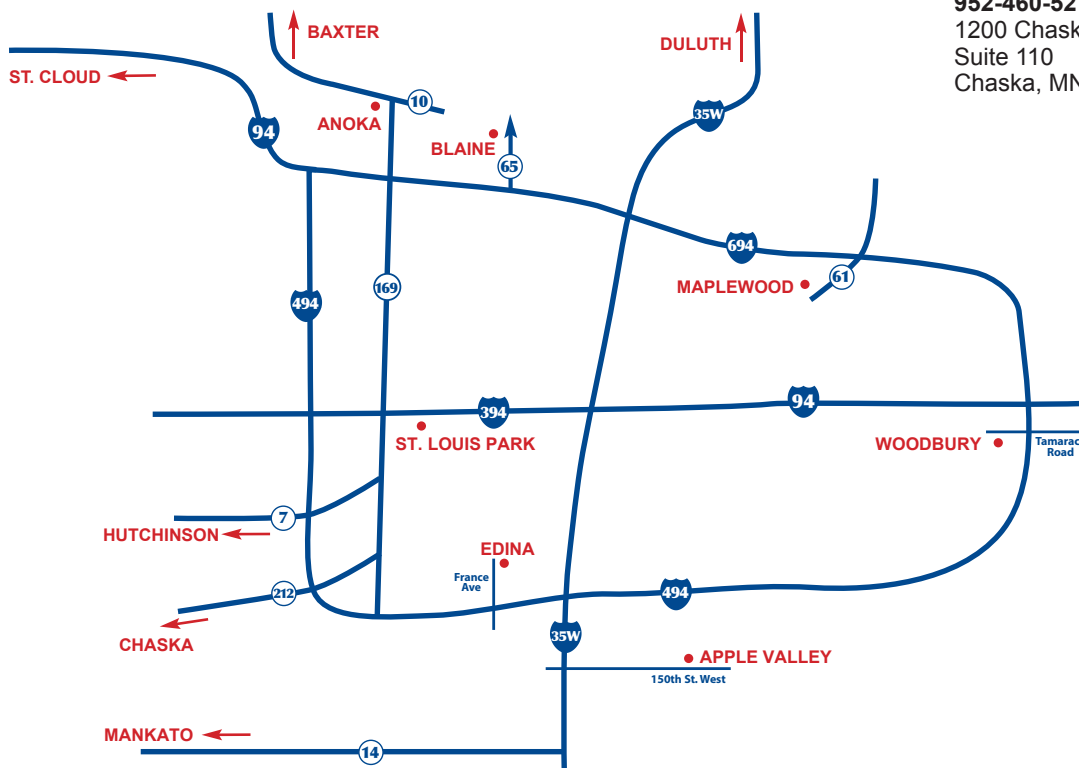
612-871-2292 - Phone
952-460-5274 - Fax
14655 Galaxie Ave.
Second Floor
Apple Valley, MN 55124

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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- Yevgeniy Sychev, MD

Your Next Appointment is Scheduled for:

Doctor Name

Clinic Location

Date

Time



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

Patient Name

Date



Patient Instructions for Pre-Surgical Evaluation and Potential Surgery

1. You are being scheduled for a “Pre-Surgical Evaluation”.

Based on this evaluation, your retina physician will determine if/when surgery is recommended. If surgery is recommended, your physician will review your specific plan with you.

2. If surgery is recommended, the day and time will be communicated to you following your evaluation. Our Surgical Coordinator will review additional details with you, such as your insurance coverage, the location of your surgery, and recovery process. Your 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, for travel to and from your evaluation.

Please ensure your driver does not leave until a “Plan of Care” is confirmed.

6. If Surgery is performed, you will need someone to stay with you overnight.

7. DO NOT eat or drink anything 8 hours prior to surgery.

(Surgery could possibly be scheduled 1-2 hours following your evaluation.)

Failure to comply with this requirement may result in the delay or postponement of your surgery.

8. 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 your Post-Op evaluation, you can schedule future appointments at the clinic most convenient for you.

For Locations and Contact Information, please go to:

www.RetinaMN.com