

## **PRE-OPERATIVE REQUIRMENTS**

- 1. Nothing by mouth after midnight.**
- 2. A shower or bath should be taken in the morning of or the night before your surgery.**
- 3. You may brush your teeth, but do not swallow any water.**
- 4. Wear loose comfortable clothing.**
- 5. Do not wear makeup, nail polish, jewelry, or contact lenses. Leave all valuables at home.**
- 6. Bring a list of all medications you are taking and all insurance materials.**
- 7. An adult must accompany you to the center and remain until you are discharged.**
- 8. If the patient has an appointed power of attorney or legal guardian, they must bring a copy of the order.**
- 9. Please notify the physician or the surgery center of fever, vomiting, or chills prior to surgery.**
- 10. Please take time to review your eye drop calendar. It is very important that you start your eye drops 2 days before your surgery. Your drops should have been called in to your pharmacy at the time your surgery was scheduled or when you were given a surgery bag. Keep in mind our office is closed on the weekends, so if you have questions, be sure to call our office the week prior to surgery.**
- 11. Do not discontinue glaucoma drops or medicines unless directed by a physician.**

Your Surgery will be performed at the Baptist Cumberland Valley Surgery Center located at: 275 KY-770 Corbin, KY 40701. You may contact them at: 606-526-7874. They are located at the North side of Corbin, on the left, off the Cumberland Gap Pkwy, after the Shell gas station. The day after surgery you will see Dr. Mackey at our North Corbin location located at 281 N Commonwealth Ave, or you will be scheduled with the physician that referred you to Dr Mackey.

The Cumberland Valley Surgery Center will call you with an arrival time, surgery time, and instructions three days before your surgery. If you do not receive a call from the surgery center by 2:00 PM on the Friday before surgery, please call them as they may have an incorrect phone number for you.

# The Day After Surgery

The day after surgery you will see Dr Mackey at our NORTH LOCATION (unless you were referred by another eye doctor). Please note this is our location on Commonwealth Ave behind Goodwill. Our office will give you an appointment, which will be sometime in the morning after 8:30AM. If you were referred to Dr. Mackey from another eye doctor, you will be scheduled with them instead of Dr. Mackey, and our office will let you know your appointment time with the referring doctor.

Directions to our North Office: 281 N Commonwealth Ave Corbin, KY Directions from 1-75 NORTH:

Take 1-75 N to exit 29

Turn Right off the exit.

Go approximately 3 miles, turn RIGHT at the traffic light next to Wendy's and Goodwill. Make an immediate RIGHT on Commonwealth Ave, Mackey Vision is on the LEFT, behind Goodwill.

Directions from 1-75 SOUTH:

Take 1-75 S to exit 29

Turn LEFT off the exit.

Go approximately 3 miles, turn RIGHT at the traffic light next to Wendy's and Goodwill. Make an immediate RIGHT on Commonwealth Ave, Mackey Vision is on the LEFT, behind Goodwill.





281 N Commonwealth Ave  
Corbin, KY 40701  
Phone: 606-528-1143 Fax: 606-523-1145

Dear Patients:

This letter is to give you written notice of an approximate cost for your Cataract surgery. We do our best to estimate what your payment will be. However, these amounts may change due to fluctuations in insurance fee schedules as well as any deductible amounts you may still owe.

**Please be aware you will be making payments to Mackey Vision Center as well as the Baptist Cumberland Valley Surgery Center, and Anesthesia.**

**Mackey Vision Center Prices are as follows:**

**Medicare Insurance Only:**

Cataract Surgery with a **Standard Lens**: Co-insurance will be **\$119.72** per eye or **\$239.44** for both eyes.

Istent (Includes Cataract): **\$289.24** per eye or **\$578.48** for both eyes

**Self Pay Patient:**

Cataract Surgery with a **Standard Lens**: **\$631.90** per eye or **\$1,263.80** for both eyes.

**Specialty lenses, not covered by insurance, will be an *additional amount* of:**

Monovision: **\$150.00**

Precision Vision Toric: **\$1100.00** (Total between Mackey Vision & CVSC) **per eye**

Premium Vision Multi-focal: **\$1700.00** (\$745 will go to CVSC and \$955 to MVC) **per eye**

**\*These amounts are based on current fee schedules and your deductible being met.**



**Baptist Health Cumberland Valley Surgery Center**  
**PO BOX 1620, Corbin, KY 40701**  
**Phone: 606-526-7874 Fax: 606-526-7836 Toll free: 877-755-5524**

**The Baptist Cumberland Valley Surgery Center prices are:**

**Medicare Insurance Only:**

Cataract Surgery: Co-insurance will be \$182.10 per eye, or \$364.20 for both eyes.

Istent (Includes Cataract): Coinsurance will be \$670.76 per eye or \$1,341.52 for both.

**Self-Pay Patient:**

Cataract Surgery: \$1,094.38 per eye or \$2,188.76 for both eyes (Includes Anesthesia)

**Dear Patients:**

This letter is to give you written notice that the Baptist Cumberland Valley Surgery Center requires that you pay the co-insurance, co-pay or any self-pay amounts in FULL the day of your surgery.

**Medicare Primary/Supplemental Insurances Secondary**

There should be no co-insurance amount due from the patient. If there was an amount due after your secondary insurance has paid, you will be sent a bill after they pay.

**Commercial Insurance**

Any insurance companies that require a co-pay, co-insurance or deductible amount will be due the day of surgery and you will be notified either by phone, letter or in your pre-op phone call on the Friday before your surgery. In the event that we are unable to obtain exact coinsurance amounts, we will require a payment of \$150.00 the day of your surgery. Upon receipt of the claim of payment from your insurance company, your balance will be reviewed and a refund sent to you for any overpayment you have made.

**Medicare BCBS Advantage**

**XPS: Co-Ins \$182.10**

**VOP: Co-pay \$265.00**

**XTG: Co-pay: \$225.00**

**XTH: Co-pay: \$240.00**

**XYL: Co-pay: \$175.00**

**HRT: Co-Ins: \$43.83**

**Medicare Humana Advantage**

Co-pays Range between: **\$150-\$350**, depending on the policy.

## **Cataract Post-Op Instructions & Restrictions**

1. No strenuous activity for 2 weeks following surgery.
2. Do not lift anything over 15 pounds for 2 weeks following surgery.
3. No swimming for 2 weeks following surgery.
4. You may take a bath or shower at anytime after surgery but should not apply any pressure over the affected eye and should not let water directly enter the eye.
5. Keep patch/shield in place until seen by Dr. Mackey or your referring optometrist at your 1 day post-op appointment.
6. Food and drink as tolerated.
7. If you have intense pain, loss of vision, or any concerns, call Dr. Mackey at 606-528-1143 or go to the nearest emergency room.

You will most likely be seen by one of our optometrists at our South Corbin location for your 1 week and 3 week post-op appointments. We will give you this appointment on your 1 day post-op appointment and you will receive a card showing the date, time, and location.

Our South Corbin office is located at 1230 Cumberland Falls Hwy. If you're coming from I-75 North, take exit 25, turn right off the exit. If you're coming from I-75 South, make a left off the exit, go approximately 2 miles and Mackey Vision South is on the left after Rite-Aid and Marathon. From Main Street, downtown Corbin, once you turn right on Cumberland Falls Hwy, it will be 1 mile on your right, after Kroger and beside the Corbin Animal Clinic.

From the Corbin Bypass, turn right onto Cumberland Falls Hwy, go approximately ½ mile, it will be on your left after Rite-Aid and Marathon.