

MATERIALS CATALOG

These materials are available free of charge for use in your practice.

Patient Publications

PRESENTATION FOLDERS

- ___ pkg(s) of 10 **Cataract Surgery** - 20 page folder containing:
- Cataract Correction: Reclaim Your Good Vision booklet
 - Patient experience/education DVD
 - Insurance and Financial Responsibility
 - CareCredit easy monthly payment brochure
 - Office Locations sheet

- ___ pkg(s) of 10 **LASIK Vision Correction** - 20 page folder containing:
- LASIK: Change Your Life Forever booklet
 - LASIK Success Rates sheet
 - CareCredit easy monthly payment brochure
 - Office Locations sheet

BOOKLETS

- ___ pkg(s) of 10 **Cataract Correction: Reclaim Your Good Vision** - Educates and answers common questions
- ___ pkg(s) of 10 **LASIK: Change Your Life Forever** - Educates and answers common questions
- ___ pkg(s) of 10 **Freedom from Reading Glasses with KAMRA Inlay** - Educates and answers common questions
- ___ pkg(s) of 1 **Wire Display Rack** - Table-top holder for our cataract and LASIK booklets

BROCHURES

- | | | | | | | | |
|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| 10 | 30 | 50 | | 10 | 30 | 50 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Corneal Cross-linking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LASIK Success Rates |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extended Range of Focus IOLs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Multifocal IOLs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Implantable Contact Lens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Photorefractive Keratectomy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | iStent Glaucoma Treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refractive Lens Exchange |

MEDICAL PAMPHLETS NEW

- | | | | | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|--|
| 25 | 50 | 100 | | 25 | 50 | 100 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Blepharitis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Iritis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cataract Correction - <i>Spanish</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lumps and Eye Growths |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diabetic Retinopathy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lumps and Eye Growths - <i>Spanish</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diabetic Retinopathy - <i>Spanish</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Macular Degeneration |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dry Eyes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Macular Degeneration - <i>Spanish</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dry Eyes - <i>Spanish</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Retinal Tears and Detachment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floaters and Flashes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Secondary Cataracts |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Glaucoma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Secondary Cataracts - <i>Spanish</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Glaucoma - <i>Spanish</i> | | | | |

REFERRAL FORMS

- _____ pkg(s) of 20 **Consultation Request** - For cataracts, medical conditions and other surgical procedures
- _____ pkg(s) of 10 **Refractive Surgery Referral** - For LASIK, PRK, implantable contact lens and refractive lens exchange
- _____ pkg(s) of 10 **Laser Vision Correction Enhancement** - After 2+ years
- _____ pkg(s) of 5 **Corneal Cross-linking Referral** - Available wherever we provide LASIK
- _____ pkg(s) of 5 **KAMRA Corneal Inlay Referral** - Available in our Bellevue, WA office
- _____ pkg(s) of 5 **Diagnostic Services Request** - Specify PCLI office(s) _____
- _____ pkg(s) of 5 **Glaucoma SLT Surgery Referral** - Available in these offices. Check the desired location:
 Albuquerque Bellingham Chehalis Kennewick Tacoma

POST-OP FEEDBACK

- _____ pkg(s) of 20 **Cataract Surgery** - 1 Day Exam
- _____ pkg(s) of 5 **Cataract Surgery** - 1 Week Exam (only needed for 1st eye)
- _____ pkg(s) of 20 **Cataract Surgery** - 4 to 6 Week Exam - Specify PCLI office(s) _____
- _____ pkg(s) of 20 **Laser Vision Correction** - 1 Day Exam
- _____ pkg(s) of 20 **Laser Vision Correction** - 1 Week to 6 Month Exams
- _____ pkg(s) of 5 **KAMRA Corneal Inlay** - 1 Week to 12 Month Exams

FEE SCHEDULE

- _____ pkg(s) of 1 **Cataract and Refractive Surgery Fee Schedule**

BILLING INSTRUCTIONS

- _____ pkg(s) of 5 **How to Bill for Cataract Post-op Care** Standard New Mexico Novitas Medicare
- _____ pkg(s) of 5 **How to Bill for YAG Capsulotomy Post-op Care** Standard New Mexico Novitas Medicare
- _____ pkg(s) of 5 **How to Bill for Diagnostic Services**
- _____ pkg(s) of 5 **Billing Span Calculator** - To help determine the 90-day post-op global billing period

REFERRAL CHECKLISTS

- _____ pkg(s) of 1 **Laser Vision Correction Referral Checklist** - Optional reference
- _____ pkg(s) of 1 **Presbyopia-correcting IOL Referral Checklist** - Optional reference

Comanagement Resources

CORNEAL CROSS-LINKING

- _____ pkg(s) of 1 **Comanagement Guidelines** - A 2-page overview to assist as you provide pre and post-op care

GLAUCOMA

- _____ pkg(s) of 1 **iStent Chairside Education Tool** - Laminated 12 x 17 inch graphic shows patients how the device works

KAMRA CORNEAL INLAY (AVAILABLE IN OUR BELLEVUE, WA OFFICE)

- _____ pkg(s) of 1 **Comanagement Guidelines** - A 4-page overview to assist as you provide pre and post-op care
- _____ pkg(s) of 1 **OD Clinical Pearls** - An in-depth 34-page reference guide for pre and post-op care
- _____ pkg(s) of 1 **Recovery Guide for Patients** - We give patients these 8-pages of instructions to assist in their recovery
- _____ pkg(s) of 1 **How to Simulate KAMRA Vision for Patients** - A video demo is also available at odpcli.com

PRESBYOPIA-CORRECTING LENS IMPLANTS

- _____ pkg(s) of 1 **Counseling Notes** - Items to discuss with patients
 - _____ pkg(s) of 5 **Vision and Lifestyle Questions** - To help screen good candidates
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Cards, Maps and Patient Transportation

- ____ pkg(s) of 50 **Appointment Cards** – Specify PCLI office(s) _____
- ____ pkg(s) of 20 **Business Cards** – Specify PCLI office(s) _____
- ____ pkg(s) of 1 **Tri-fold Info Card** – Address, phone and fax info for each PCLI office and our ODs' email addresses (not for patients)
- ____ pkg(s) of 25 **Maps and Driving Instructions** – Specify PCLI office(s) _____
- ____ pkg(s) of 25 **Transportation Service Cards** – Specify PCLI office(s) _____
- ____ pkg(s) of 1 **Transportation Service Areas** – Communities where we provide free shuttle service for surgery patients

LASIK Displays

Use these attractive 11 x 14 inch acrylic frames with 2 interchangeable posters to let patients know you are available to help them with laser vision correction. Cards on the display provide guidelines for making good decisions that will save you valuable chair time.

- ____ pkg(s) of 1 **Countertop Display**
- ____ pkg(s) of 1 **Wall-mounted Display**
- ____ pkg(s) of 50 **Replacement Cards** – Step-by-step guidelines are printed on the back of each card

Patient Education DVD and CD

- ____ pkg(s) of 1 **Cataract Surgery: The Spirit of Caring DVD** – Calms apprehension of surgery as it walks viewers through our low-stress experience. Also viewable at odpcli.com (7 minutes)
- ____ pkg(s) of 1 **PowerPoint Seminars on CD** – Easily present public or patient education with these 2 programs:
- Save Your Aging Eyes – Cataracts, glaucoma, macular degeneration, diabetic retinopathy and dry eye
 - LASIK Vision – Explains how treatment works and your important role in the process

LASIK Services From Pacific Eyecare Network (PEN)

PEN serves as a third-party financial administrator for refractive surgery fees. Becoming a Refractive Surgery Provider offers 2 risk-free benefits:

- **Global Billing** – Patients can make one payment the day of surgery for all their care. You will be reimbursed for the fees you charge for pre and post-op services.
- **Patient Financing** – Offer your refractive surgery patients 0% financing and flexible monthly payments. Your fees can be included and funding is secure—even if patients default on payment.

CHECK I'm interested. Please send an enrollment package.

CareCredit Financing – With a 20% Discount!

We offer surgery patients financing through CareCredit. If you would like to provide a similar option for your services with the same 20% discount we get on their service fee, call CareCredit at 866-853-8432. When you enroll, give the code "OD PCLI". We do not benefit in any way from your participation.

- ____ pkg(s) of 25 **CareCredit Patient Brochure** – Offer patients a convenient payment plant spread over 18-60 months

Newsletter Subscription

Pacific Visions – Our twice yearly patient newsletter that is mailed to 80,000+ homes.

CHECK I would like to receive 25 copies of each new issue to share with my patients.

Practice and Shipping Information

Doctor's name

Practice name

Shipping address

City

State

Zip

Phone

Fax

Email

Website

Options to Request Our Free Materials

FAX 360.748.4797

MAIL PCLI Professional Relations
2517 NE Kresky Avenue
Chehalis, WA 98532

PHONE Heidi Prunty at 800.888.9903

EMAIL heidi.prunty@pcli.com

ONLINE Visit odpcli.com to view and order items in this catalog.