



Dear _____,

Date _____

We are pleased to welcome you as a new patient to our practice! By selecting us, you have made a choice: a choice to entrust us with the care of your eyes. We take that responsibility seriously and we will do whatever we can to continue to assure you that you have made the right choice, Eyesight.

Enclosed is information regarding your upcoming appointment with Dr. _____ in our _____ office on _____ at _____ AM/PM. Note: We have an automated system that will call you one business day prior to your exam to remind you of your appointment.

Dilating drops may be used at your appointment. Some patients experience blurred vision and sensitivity to light for several hours from these drops. You may want to bring someone with you who will be able to drive you home as well as a pair of sunglasses.

We ask that you take a few minutes to review the following:

Eyesight Ophthalmic Services participates with the following insurances:

Medicare, NH Medicaid, Blue Cross Blue Shield, Anthem, Cigna, Tricare, Martin's Point, Coventry, Mailhandlers, United Health Care, Harvard Pilgrim, Mohawk Valley, Seacoast Health Net, and Aetna (MD's only).

If you are covered by any insurance other than those listed above, please be prepared to pay for your visit at time of service. We accept VISA, MASTERCARD, DISCOVER, cash and personal checks.

Note: Please contact your primary care provider (PCP) if your insurance requires a referral for a medical problem. We request that this be obtained **prior** to your appointment. Harvard Pilgrim referrals are **required** prior to being seen. Please tell your PCP which doctor and office you will be visiting so they may fax it to the appropriate office.

Please bring the following to your appointment:

1. Completed patient information sheet including all oral medications & dosages.
2. Insurance card/cards
3. Required co-pay
4. Necessary referral
5. Power Of Attorney, if applicable
6. Glasses
7. Contact lens prescription

Note: A parent or legal guardian **must** accompany minors. It is imperative that nursing home residents have a caretaker with them at **all** times.

Thank you for your attention to these matters. We hope this information is helpful and your time with us is pleasant.

Eyesight