



Richard Chace, M.D.
Lucian Szmyd, Jr., M.D.
Warren S. Goldblatt, M.D.
N. Timothy Peters, M.D.
Marsha Kavanagh, M.D.

Susan Haskell, O.D., F.A.A.O.
Michelle McLaughlin, O.D.
Christopher Turner, O.D.
Lauren McLoughlin, O.D.
Janet Rand, O.D.
Alan K. Thompson, O.D.

Virginia L. Standen
Administrator

Teri Sandven, C.O.A.
Senior Managing Technician

Sandy Olsen, R.O.D.
Managing Optician

Sunny Kallay, CCRP
Clinical Research Coordinator

Eyesight Locations
www.EyesightNH.com

155 Borthwick Avenue
Suite 200 East
Portsmouth, NH 03801
Tel. 603-436-1773
Toll Free 1-888-222-EYES
Fax 603-427-0655

McReel Building
192 Water St.
Exeter, NH 03833
Tel. 603-778-1133
Fax 603-778-1055

Frisbie Medical Building
21 Whitehall Rd., Suite 300
Rochester, NH 03867
Tel. 603-332-3041
Fax 603-332-3044

19 Webb Place
Dover, NH 03820
Tel. 603-742-4750
Fax 603-743-3652

**Clear Advantage
Vision Correction Center**
www.ClearAdvantageLaser.com

155 Borthwick Avenue
Suite 200 East
Portsmouth, NH 03801
Tel. 603-501-5000
Toll Free 1-866-30-CLEAR
Fax 603-501-5001

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 coming to Eyesight was the right choice.

Enclosed is information regarding your upcoming appointment with Dr. _____ in our _____ office on _____ at _____ AM/PM. **Note:** You will receive an automated reminder message two business days prior to your exam.

Dilating drops may be used at your appointment. Some patients experience blurred vision and sensitivity to light for several hours from these drops. Therefore, we suggest you bring a pair of sunglasses and consider having someone with you to drive you home.

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, 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 notify your PCP with the name of the doctor and the office in which you will be seen to ensure your referral is sent to the appropriate location.

Please bring the following to your appointment:

1. Completed patient information sheet including all oral medications & dosages.
2. Insurance card/cards and a photo ID
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

patient intro to practice.doc 01042011