



Lucian Szmyd, Jr., M.D.  
Warren S. Goldblatt, M.D.  
N. Timothy Peters, M.D.  
Marsha Kavanagh, M.D.  
Timothy Sullivan, M.D.  
Claudia Bartolini, M.D.  
Andre Witkin, M.D.  
Shilpa Desai, M.D.

Christopher Turner, O.D.  
Lauren McLoughlin, O.D.  
Janet Rand, O.D.  
Renee Theroux, O.D.  
Monisha Rajinikanth, O.D.

**Eyesight Ophthalmic Services**  
[www.EyesightNH.com](http://www.EyesightNH.com)  
1-888-222-EYES (3937)

155 Borthwick Avenue  
Suite 200 East  
Portsmouth, NH 03801  
Tel. 603-436-1773  
Fax 603-427-0655

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

267 Route 108  
Somersworth, NH 03878  
Tel. 603-692-7500  
Fax 603-692-7575

**Clear Advantage Vision Correction Center**  
[www.ClearAdvantageLaser.com](http://www.ClearAdvantageLaser.com)  
1-866-30-CLEAR (25327)

155 Borthwick Avenue  
Suite 200 East  
Portsmouth, NH 03801  
Tel. 603-501-5000  
Fax 603-501-5001

## IMPORTANT INFORMATION REGARDING YOUR UPCOMING APPOINTMENT

Welcome to Eyesight Ophthalmic Services! Thank you for making the decision to choose us for your eyecare needs. We know that selecting a practice for you and your family is an important decision. Here is some information about your upcoming appointment and what may be required:

**APPOINTMENT REMINDER:** You will receive automated reminder message two business days prior to your exam. If you need to cancel your appointment, please call us at 603-436-1773. Please kindly provide us with 24 hours' notice.

**INTAKE INFORMATION:** Our website contains all the initial paperwork required for your appointment. You may save some time by completing this paperwork and bringing it with you. These documents can be found at [www.EyesightNH.com](http://www.EyesightNH.com) under **Financing and Patient Information**.

**DURING YOUR EXAM:** Dilating drops may be used at your appointment. Some patients experience blurred vision and sensitivity to bright light for several hours from these drops. We suggest you bring a pair of sunglasses and/or consider having someone with you to drive you home.

**INSURANCE:** Eyesight Ophthalmic Services participates with the following plans: Aetna, Anthem, Anthem Pathways, Blue Cross Blue Shield, Blue Cross Federal, Cigna, Community Health Options, Coventry, Harvard Pilgrim, Harvard Pilgrim Stride of NH, Health Plans, Inc., Humana Medicare, Martin's Point, Martin's Point Medicare Advantage, Medicare, NH Medicaid, NH Healthy Families, Railroad Medicare, United Healthcare, United Healthcare Medicare Complete, Tufts, Tufts Health Freedom, and Well Sense.

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, AMEX, cash and personal checks.

**REFERRAL:** Please contact your primary care provider (PCP) if your insurance requires a referral for a medical issue. To ensure you are not charged incorrectly, we request that your authorization is obtained **prior** to your appointment. Please notify your PCP with the name of the doctor and the address to the office in which you will be seen. Our doctors and locations are on this letterhead.

### Please bring the following to your appointment:

1. Completed patient information sheet including all oral medications & dosages.
2. Any eyedrops that are used on a regular basis.
3. Insurance card(s) and a photo ID.
4. Required co-pay.
5. Necessary referral.
6. Power of Attorney, if applicable.
7. Glasses.
8. 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**.

We look forward to meeting you!

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