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Eyesight Locations
www.EyesightNH.com

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Toll Free 1-888-222-EYES
Fax 603-427-0655

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

267 Route 108
Somersworth, NH 03878
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99 US Route 1 Bypass, Ste B
Tel. 207-439-4958
Fax 207-439-4313

**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
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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 messages via text, email and phone prior to your exam. Instructions to opt out of any of these methods are offered every time a message is sent. 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 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 after these drops. Although it is usually safe to drive, we suggest you bring 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, American Express, cash and personal checks. Financing plans are available through www.CareCredit.com,

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 closely follow CDC and State guidelines for safety. Please view our website for updated protocols on COVID prior to your appointment.

We look forward to meeting you!