

Dear _____,

I would like to take this opportunity to welcome you to Green Eye Center. We have reserved a time for _____ on _____.

In our attempt to make the most efficient use of your time with us, PLEASE, be prepared with the following information:

- Patient Information Form and pink HIPAA Form (front & back).
- If applicable, Extended Payment Request; This form is for Medicare Patients ONLY.
- Medical Insurance card(s) and/or Vision Insurance Cards.
- We will need the Member's Social Security Number & Date of Birth to file either Medical or Vision Insurances.
- The eyeglasses that you are currently wearing.
- If you wear contact lenses bring the box with you or one of the blister packs.
- A list of your current medications.
- Children under 18 MUST be accompanied by a parent/guardian.
- If your Insurance requires a REFERRAL, Call your Primary Care Doctor to request your referral. Please call our office 2-3 days before your appointment to be sure we have it. The insurance company will not allow us to see you without a referral.
- Be prepared to pay for any non-covered services such as copays, refractions or contact lens fitting/evaluation fees at the time of your visit. A \$10.00 administrative fee will be charged if it is necessary for us to bill you for your copay or refraction fee. We accept Cash, Checks, Visa, Master Card & Discover.
- If you do not keep your appointment without a 24 hour notice, you will be charged a fee of \$25.00.

If you have any questions, please don't hesitate to call our office. We will be happy to answer any of your questions.

Thank you for choosing Green Eye Center for your eye care needs.

Your Future, Our Focus

Michael E. Green, MD