

Dear Patient:

Thank you for choosing The Magruder Eye Institute for your eye care. Our records indicate you have an upcoming appointment. In order to facilitate your visit, we ask that you please read the enclosed information and fill out the enclosed patient information and patient health history to the best of your ability. Please bring the completed forms the day of your appointment to further expedite your visit.

It is now our policy to update our records on a yearly basis. This includes your patient information and health history. We understand that this can be time consuming and much of your information is the same. Please understand that this is necessary to continue providing you with quality care.

Please be sure to have the following items readily available on the day of your appointment:

- Insurance card(s) and a valid Photo ID
- A list of medications you are currently taking
- Any known allergies
- Co-Pays and any owed balances or deductibles will be collected prior to seeing the doctor.
- Authorization from your Insurance Company. This is your responsibility to obtain this. Please contact your Primary care doctor prior to your visit and make arrangements to have this authorization FAXED to our office/
 - Our Fax Number is (407) 893-8230

We look forward to seeing you in the near future and would like to thank you in advance for your cooperation.

Should you have any questions, please feel free to contact us at (407)893-8200.

Sincerely,

The Staff of Magruder Eye Institute

NOTE:

PLEASE BE ADVISED: IF YOU ARE PLANNING TO USE A VISION INSURANCE AND NOT YOUR MEDICAL PLAN, IT IS YOUR RESPONSIBILITY TO NOTIFY US PRIOR TO YOUR APPOINTMENT SO THAT WE MAY BILL THE PROPER INSURANCE. PATIENTS WILL BE RESPONSIBLE FOR ANY AND ALL CHARGES INCURRED IF WE ARE NOT NOTIFIED. THANK YOU.