

**CORTLAND EYE CENTER**

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[www.cortlandeyecenter.com](http://www.cortlandeyecenter.com)

To Our New Patients:

**Welcome to Cortland Eye Center!** Thanks for selecting us to serve your eyecare needs. We are committed to preserving, restoring, and enhancing vision.

***On the day of your appointment, please bring your insurance cards, any required referral authorizations, and all eyeglasses that you currently wear.*** If you are having a comprehensive dilated examination, your vision may be blurred for about 3-4 hours. We suggest that you have someone available to drive you after the exam. To keep your waiting time to a minimum, we are enclosing patient registration **forms to be filled out in advance**. Please fill these out ahead of time to avoid delays and help us keep on schedule. The forms can be dropped off, returned by mail or brought in at the time of your visit.

**Please arrive promptly** for your appointment. **Late arrivals may need to be rescheduled**, so other patients are not inconvenienced. We try very hard to run on time and to minimize your waiting time. Occasionally a patient has a difficult problem, or emergencies occur that cause delays. We ask your understanding when these delays happen, and assure you that you will receive the same attentive care.

**If your insurance coverage is with a company other than those listed on the reverse side of this page, payment is expected at the time of service. If your visit is covered by an insurance plan that we participate with; please be prepared to pay your co-pay and any unmet deductible at the time of service.** Please read and sign the financial authorization on the reverse side of the registration form.

Please feel free to browse in our Optical Boutique during your visit. We're very proud of the excellent selection of frames and lenses we offer. **For those patients who may be ordering eyeglasses or lenses during their visit, a deposit of 50% is required when the order is placed.**

**If you are having an eye examination and wear contact lenses, our professional staff will be evaluating your current contacts to determine the present condition and fit of the lenses. The fee for this service is collected in addition to the fee for your eye examination.**

Please take time to thoroughly complete the registration forms. If we can be of any further assistance to you, please call our office and a member of our staff will be happy to answer your questions. **If you are unable to keep your appointment, kindly call our office as soon as possible.**

We appreciate the trust you've placed in us and extend a sincere welcome to Cortland Eye Center.

Sincerely,  
The Staff of Cortland Eye Center

**Your appointment is scheduled for \_\_\_\_\_ at \_\_\_\_\_**

**With:**  Dr. Fergerson  Dr. Barno  Dr. Howard  Dr. Oltz  
Please See Reverse Side

## **Cortland Eye Center Insurance Plans We Participate With**

Our office has agreed to be a Participating Provider with the medical insurance plans listed below. We are unable to participate with all insurances. We will be happy to provide you with the necessary paperwork to enable you to submit. We do not participate with any vision plans, we will supply you with a receipt and/or sign your vision plan forms so that you can submit for reimbursement for glasses and contacts according to your vision plan requirements.

*If we participate with your medical insurance plan, you are expected to pay your co-pay and any unmet deductible at the time of your visit. If our office does not participate with your insurance plan, payment in full is expected at the time of your visit.* As a courtesy, our office will submit to your insurance plan any surgery related charges even though we do not participate with your plan. **Please be sure to bring your insurance cards with you so that we can scan them. We will scan your card annually and with any coverage changes.**

*Please keep in mind that many plans do not cover routine eye exams, refractions or contact lens care, even if we are a Participating Provider. A non-routine medical diagnosis is usually required for coverage.*

**Aetna**  
**Excellus Blue Shield/RMSCO**  
**Empire Plan (Medical eye care only)**  
**Medicare and many Medicare Advantage Plans**  
**MVP/CIGNA**  
**POMCO**  
**Railroad Medicare**

**United HealthCare**  
**Wellcare of NY**

**Fidelis, Medicaid & Molina:**  
Cortland County Residents only for Fidelis, Medicaid and Molina Healthcare patients and only for medical eye issues. Fidelis and Molina can see Dr. Ferguson only.

Being a Participating Provider means that we have agreed not to bill the patient above the allowable amount for that insurance plan. **Co-pays and deductibles must still be paid by the patient**, as well as our fee for any **non-covered services**. Payment of these fees is expected at the time of visit.

If you have any questions about our policy, please feel free to ask a member of our business office staff. They are very knowledgeable about many of the insurance plans available locally.