

CORTLAND EYE CENTER

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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 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, otherwise a billing fee of \$15 will be charged. 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
With:**

_____ *at* _____
Dr. Fergerson Dr. Barno Dr. Skjolaas

Please See Reverse Side