



Dear Patient:

Thank you for choosing The Eye Center of Southern Connecticut, P.C. for your eye care needs! In order to expedite your upcoming visit and to more efficiently file your insurance claim(s), we are attaching our New Patient Packet for you to complete.

Please bring the following to your upcoming visit:

- ✓ **Completed New Patient Packet**
- ✓ **Your current insurance card(s)**
- ✓ **A list of any medications you are taking**
- ✓ **Your eyeglasses**
- ✓ **Your contact lens information**
- ✓ **Your referral or authorization number**

With Dr. _____ **on** _____

at _____ **a.m. / p.m.**

We participate with multiple insurances and are happy to file your insurance for covered services. For non-covered services or products, payment is expected at the time of service. If your insurance requires a referral, please make sure you obtain the necessary referral **prior** to your appointment.

All minors must be accompanied by a parent or legal guardian.

After your claim is processed, you will be sent a statement for the remaining balance. We accept all major credit cards, checks, and cash. If you have any questions, please contact our billing department at (203) 281-2766.

During your visit you may have dilation drops placed in your eyes to help the doctor examine you. We will provide you with disposable sunglasses as you check out if you need them. If however, you are unsure of your ability to drive while dilated, you may want to arrange for transportation ahead of time.

All of our locations **are** wheelchair accessible!

For further directions and a full look at our practice, please visit our website, or call any of our offices located below.

Main Office
2880 Old Dixwell Avenue
Hamden, CT 06518
PH: (203) 248-6365
FX: (203) 230-1520

Shoreline Office
249 West Main Street
Branford, CT 06405
PH: (203) 483-2000
FX: (203) 483-2002

Cheshire Office
415 Highland Avenue
Cheshire, CT 06410
PH: (203) 272-5494
FX: (203) 272-7637