

# Desert Vista Eye Specialists, PC

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## DEAR NEW PATIENT

Welcome to Desert Vista Eye Specialists, PC. We look forward to meeting you. This letter will introduce you to our practice and allow you to complete a medical history form to aid in your care.

If you cannot keep your scheduled appointment, please notify us with in 48 hours of your appointment time. We attempt to confirm all new patient appointments 24 hours in advance.

### BEFORE YOUR APPOINTMENT:

1. Please complete the health history form and patient demographic form and bring them with you to your first visit.
2. Bring along any records from previous doctors that might help us.

### GETTING TO YOUR APPOINTMENT:

1. Please plan on arriving 20 min. in advance for your new patient appointment.
2. We appreciate 24 hours notice if you are unable to make your scheduled appointment. A charge of \$ 25.00 will be assessed to your account for missed or broken appointments without 24 hours notice.
3. Directions to our office are enclosed with this letter. If you have any questions, please call us in advance for help.

### INSURANCE ISSUES:

To ensure your visits proceed in a timely fashion, we ask for your help at the time of the first and all subsequent visits:

1. If you intend to use insurance, please provide our staff with your insurance and your current insurance card at the time of your visit. If your insurance changes, prompt notification to the staff will ensure accurate billing.
2. If your insurance requires an authorized referral for care at our practice, please secure this referral from your primary care physician prior to your arrival at the office. Your visit cannot begin until a referral is received.
3. If you fall into one of the following categories, you will be expected to pay your portion at the time of service unless special arrangements have been made.
  - Commercial Indemnity (Deductible and Co-pay)
  - HMO and PPO
  - Self Pay

We do accept Medicare assignment. We will courtesy bill your secondary insurance, however if we do not receive payment within 60 days you will be expected to pay the balance.

If you should have any questions in regards to your upcoming appointment please contact our office.

- REFRACTIVE SURGERY
- GLAUCOMA AND RELATED DISORDERS
- DIABETIC EYE DISEASE

- LASER SURGERY
- CATARACT AND LENS SURGERY
- CORNEAL SURGERY AND EXTERNAL DISEASE
- PEDIATRIC OPHTHALMOLOGY

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