

Dear Patient:

Thank you for entrusting us with the most valuable of your five senses—your eyes. We look forward to seeing you at your appointment.

Images of the front/back of your 2018 insurance card(s) should be emailed or faxed to us at least 7 days prior to your appointment. This ensures that your insurance benefits and in-network status can be verified in advance. If you would like an estimate of your charges, feel free to contact us.

Medicare Patients: Send copies of both your Medicare and secondary/supplemental insurance cards. *If your policy requires a referral to a specialist, your primary care physician must fax the referral to our office prior to your appointment.*

Diabetic and Plaquenil Patients: Please provide the name of the doctor and his/her fax number. A report of your examination will be faxed to your doctor.

Please arrive 15 minutes prior to your appointment time to ensure that you are seen promptly. Bring your insurance cards and photo ID to every appointment, in addition to your eyeglasses and contact lenses. The estimated time for a dilated eye examination is at least 90 minutes.

All patients are required to fill out the attached forms. The forms can be downloaded, filled out, and saved to your computer. You may email or print and fax to the office to 713-464-6989. If you are unable to access the forms, arrive **30 minutes** early to fill them out and bring a complete list of medications (prescription and over the counter). Please print single pages, and remember to **sign pages 1,3,4 & 5.**

Cancellation Policy

Please call us at 713-467-0990 by 2:00 p.m. 2 days prior to your scheduled appointment to notify us of any changes or cancellations. **To cancel a *Monday* appointment, please call our office by 2:00 p.m. on Thursday.** If prior notification is not given, you will be charged \$25 for the missed appointment.

Your cooperation in this matter is greatly appreciated.

Lisa Harmon
Insurance Coordinator
for Joel H. Goffman, M.D.
8588 Katy Frwy, #101
Houston, Texas 77024
713-467-0990
713-464-6989 fax
eyemdhouston@gmail.com

Remember to Bring

- 1. Insurance Card(s)**
- 2. Photo ID**
- 3. Patient Forms**
- 4. Current Medication List**
- 5. Eyeglasses & Contact Lenses**
- 6. Pharmacy Information**
- 7. Dr's Name and Fax #**