

Dear Patient:

This letter contains information to make your first visit to our practice a pleasant experience. Please print the accompanying forms. Please take the time to make sure the HEALTH HISTORY FORM is fully completed, with ALL of the boxes checked. If you have not had any surgeries, do not have any allergies, or do not take any medication, please make sure that these areas are filled in as NONE, and not left blank. The OPTICAL LIFESTYLE QUESTIONNAIRE also needs to be completed. As much as possible, complete the insurance form, and finally, complete and sign the two signature pages titled PERMISSION TO GIVE MEDICAL INFORMATION and ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES. Bring all the above forms with you, on the day of your visit.

Your visit has been scheduled for _____

When you come in, you will need to bring the following things:

- All of your insurance cards, including information about any vision coverage that you may have.
- A Referral form IF required by your insurance. If your doctor's office is faxing the referral to our office, it is absolutely essential that you call our office at 313-724-2273 to make sure we have received the form. It is important that you call us to make sure we have received the referral, even if your doctor's office assures you it was sent. **If we do not have your referral, you will have to reschedule your visit.**
- A picture ID (such as a driver's license).
- Know the names (or bring a list) of all your medications, including any eye drops and any over-the-counter medications you may be taking, even if taken infrequently.
- Bring your current pair of glasses with you, even if they are quite old or broken. If you wear contact lenses, bring any information about the lenses you may have (including box or bottle).

Please plan to arrive fifteen minutes prior to your appointment time, so that we may prepare your chart. We ask that you allow up to 1 1/2 to 2 hours for your first visit. You may have your eyes dilated, and this may affect your distance and/or close-up vision for up to six hours afterward. Many patients feel more comfortable having someone drive them to the office and back. You are welcome to bring someone with you.

Our office is located at 23550 Park Street, Suite 200, in the city of Dearborn. Park Street runs parallel with and is just south of Michigan Ave., west of Outer Drive. Our office is on the second floor of a two-story, red brick building located about halfway down the block, on the right hand side.

Please call us with any other questions you may have. We look forward to seeing you!

Sincerely,

The Physicians and staff of Quality Eye Care, P.C.

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How did you find out about Dr. Yu?

Who is your primary care doctor?

Name: _____

Address: _____

Phone #: _____

Primary Insurance

Name of Insurance: _____

Contract #: _____

Group #: _____

*If Medicare what is the Part B effective date?: _____

Subscriber's Name: _____

Date of Birth of Subscriber: _____

Social Security # of Subscriber: _____

Secondary Insurance

Name of Insurance: _____

Contract #: _____

Group #: _____

Subscriber's Name: _____

Date of Birth of Subscriber _____

Social Security # of Subscriber _____

****If you have an HMO Insurance, don't forget your referral.****

VISION INSURANCE (insurance that helps pay for glasses)

Name of Insurance: _____

Contract# _____

Subscriber's Name: _____

Date of Birth of Subscriber _____

Social Security # of Subscriber: _____

Thank you for taking the time to correctly fill out our forms. This will enable us to get you in to see the doctor in a more timely and efficient manner.