

Dear Patient,

I want to welcome you to Boland Eye Center where my staff and I are here to deliver the highest level of personalized medical care.

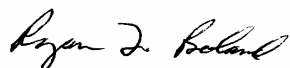
Enclosed is an appointment card verifying the time and date of your visit. As most new patients have a dilated exam, please allow 1 ½ hours for your visit. Dilation typically lasts about 3-4 hours. You will be light sensitive and have an inability to see up close (usually within arms distance). However, some people have difficulty seeing at farther distances and have difficulty driving. If you have never been dilated before, you may want to arrange for someone to bring you to the appointment or have someone available to come get you if needed. Because this is a dilated exam, patients desiring to have contact lens fittings will be scheduled for a fitting appointment on another day. If you are unable to keep an appointment, kindly call in advance and we will be happy to reschedule you for a more convenient time.

Our patient brochure is enclosed; it provides helpful information for our patients regarding various aspects of the office. Please call the office if you have any questions regarding this information.

In order to expedite your appointment, please be aware of the following. We ask that you complete the enclosed forms prior to your visit and bring them with you. Incomplete forms may delay you being seen at your scheduled appointment time. We will also need to make copies of your insurance cards. The insured's SSN and date of birth is required to file any insurance claim. If your insurance cards are not available, you will be responsible for any charges incurred at the time of service. Most insurance companies, including Medicare, do not pay for the refraction test performed as part of your eye examination. If you wish to be refracted, the cost of this test will be payable at the time of your visit. If your insurance plan requires a referral, please obtain prior to your visit. Make sure you have a complete list of any medications you are currently taking. A member of our staff will be happy to answer any questions you may have.

We look forward to meeting you and serving all your visual needs.

Sincerely,

A handwritten signature in cursive script that reads "Ryan F. Boland".

Ryan F. Boland

PLEASE PRINT AND FILL OUT COMPLETELY.

DATE _____

- MR.
- MRS.
- MS.

LAST NAME

FIRST NAME

MIDDLE INITIAL

BIRTHDATE

SOCIAL SECURITY NUMBER

MALE OR FEMALE

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

WORK PHONE

CELL PHONE

E-MAIL ADDRESS

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT OF BILL

EMPLOYER NAME AND ADDRESS

PRIMARY INSURANCE CARRIER

POLICYHOLDER'S COMPLETE NAME AND DOB

POLICYHOLDER'S SSN

POLICY ID NUMBER

GROUP NUMBER

SECONDARY INSURANCE CARRIER

POLICYHOLDER'S COMPLETE NAME AND DOB

POLICYHOLDER'S SSN

POLICY ID NUMBER

GROUP NUMBER

PERSON TO CONTACT IN EMERGENCY

CONTACT PERSON PHONE #

PLEASE GIVE ALL INSURANCE CARDS TO RECEPTIONIST UPON ARRIVAL.

****DUE TO HIPAA REGULATIONS, ALL FIELDS MUST BE COMPLETED.**

I, the undersigned, acknowledge I have been offered or received a paper copy of the Boland Eye Center Notice of Privacy Practices.

Signature

Date



Dr. Ryan Boland, a board-certified ophthalmologist, has practiced in the southeast since 1989. A Graduate of the University of South Carolina, he received his medical degree at the Medical University of South Carolina and a year of internal medicine training at the University of North Carolina. He completed his ophthalmology residency at Wills Eye Hospital in Philadelphia where he also served as a member of the clinical teaching staff. Dr. Boland has given numerous lectures on eye care for the community and medical groups. Dr. Boland has also appeared on several television programs both locally and nationally.



Dr. Josh Holmes, Optometrist, is the newest member of the Boland Eye Center family. He is a native of Pooler, Georgia and is excited about the chance to return home to practice here in Savannah. Dr. Holmes is a graduate of the University of Georgia, where he earned a bachelors degree in microbiology. His optometric degree was obtained at Southern College of Optometry in Memphis, Tennessee. Dr. Holmes's internship experience included time at the Beaufort Naval Hospital in Beaufort, SC and Dorfzaun Eye Group in Marietta, GA. He is an active member of the Georgia Optometric Association as well as the American Optometric Association.



Located on the corner of E. Montgomery Cross Road and Old Montgomery Road.

Boland Eye Center, P.C.
1615 Montgomery Cross Road
Savannah, GA 31406
(912) 352-2299

BOLAND
EYE CENTER

Ryan F. Boland, M.D.
Board Certified Ophthalmologist

*Friendly, personalized medical
care... the way it used to be...
The way it should be!!!*

(912) 352-2299
www.bolandeye.com

1615 E. Montgomery Cross Road
Savannah, GA 31406

Welcome to Boland Eye Center!

The Boland Eye Center was established By Dr. Boland because of his desire to provide excellent and *personalized* care. The Boland Eye Center offers comprehensive eyecare in one convenient location.

Our services include:

- Sutureless cataract surgery
- Diabetic eyecare
- Glaucoma treatment and follow-up
- Complete eye examinations
- In-office Laser treatment
- Contact lens fitting and dispensing

Routine eye exams are the best way to ensure optimal vision and long-term eye health. Eye exams also reveal many vision impairing disorders such as cataracts, glaucoma and macular degeneration. Early detection and treatment can often improve your vision and general health. Personal and family history may be a determining factor in the frequency of your individual eye exams.

Your Appointment

Office visits are routinely scheduled by appointment. As a new patient, you will be asked to furnish information over the phone in order to reduce the amount of paperwork to be completed. At the time of your appointment, it is requested you bring a list of your current medications, your most current pair of glasses and your insurance cards. If you wear contacts, please wear them to your appointment unless instructed not to by a technician. Please allow one and a half hours for your initial visit or any other dilated exam. We know your time is valuable, and we will make every effort to see you at your appointed time. If you are unable to keep an appointment, please call to reschedule for a more convenient time.

Calling the office

Our office hours are 8:00 AM to 5:00 PM Monday through Friday. During these hours, all incoming calls are answered by our office staff. Non-urgent calls placed in the morning usually are returned by a technician before lunch. Afternoon calls are usually returned prior to the close of the office. Please describe fully the nature of your medical problem or request so we may handle your call in the most appropriate manner. After business hours phone calls are handled by our answering service. Your call will be returned by Dr. Boland or the physician on call.

About our staff

Dr. Boland has equipped his office with the latest, state of the art diagnostic and therapeutic equipment. With his high standards in mind, Dr. Boland has selected and recruited friendly, highly skilled personnel with a combined experience of over 40 years in the ophthalmic care field. Dr. Boland ensures his staff maintains the highest level of competency with continuing education courses from around the country. The staff's goal is to bring you the most current technology and the latest treatments in ophthalmology. At Boland Eye Center, we strive to treat our patients like family; we are positive you will notice the difference.



www.bolandeye.com

Visit our website to view our
Notice of Privacy Practice

The Eyewear Studio

The Eyewear Studio carries a wide range of frames, lenses and optical accessories. We carry such name brands as Giorgio Armani, Kenneth Cole, Laura Ashley and Gant just to name a few. The individual style of each customer can be completely satisfied by our licensed optician with over ten years of experience. Quality products, competitively priced with personalized service are waiting for you on your next eyewear purchase. We fill in-house prescriptions as well as outside doctor prescriptions. After all, you deserve comfort and style.

Fees and Insurance

As a courtesy to our patients, we file insurance for medical services provided. All co-pays and deductibles are requested to be paid at the time services are rendered. Routine vision exams and refractions are generally not covered by most insurance carriers and are payable at the time of your visit. Some insurance plans require a referral prior to being seen by a specialist. Please obtain any necessary referrals prior to your office visit. If you are unsure if you need a referral, please contact your insurance carrier. Failure to do so may delay our ability to see you and on occasion, may cause insurance carriers to deny payment for your treatment. Please keep us informed as to any changes in insurance coverage, mailing addresses, etc. We understand financial problems sometimes arise. If there is a problem with making a payment, please contact us and we will make special arrangements for payment on your account. If you have any questions regarding fees or insurance, we will be glad to discuss them prior to care being given.

RELEASE OF INFORMATION:

I hereby authorize **Boland Eye Center, P.C.** to release or obtain any medical records or information regarding my treatment, hospitalization, and/or outpatient care to/from any referring physicians during the course of my medical care.

I hereby authorize the release of any medical information, including information related to psychiatric care, drug and alcohol abuse, and HIV/AIDS confidential information, necessary to process insurance claims, for any utilization review or quality assurance activities.

I also understand that to facilitate records transfers between doctor's offices, insurance companies, etc.; my medical records may be transmitted by facsimile. I hereby give my permission for my records to be transmitted by facsimile.

I hereby authorize **Boland Eye Center, P.C.** to give information regarding my billing and medical status to the following family member: Please list name, relationship and phone number.

ASSIGNMENT OF BENEFITS:

I hereby authorize and assign payment to **Boland Eye Center P.C.** all medical and/or surgical benefits, to which I am entitled to under Medicare, any insurance policy, self-insured program, or any other benefit program.

FINANCIAL AGREEMENT:

Our office participates with most major insurance plans. We provide medical and surgical ophthalmic/optometric services as well as routine eye exams. We do not participate in any vision plans. Your plan may only consider payment for medical care and may not include routine vision care.

Be familiar with your insurance benefits, including co-pays, coinsurance, deductibles and non-covered services.

Bring all current insurance cards to all visits.

Provide current information including address, phone numbers, and employer.

If your insurance requires a referral, it is the patient's responsibility to obtain this referral prior to being seen.

I understand that professional services are rendered to me and I am responsible for charges incurred for these services. All co-pays, co-insurance, and non-covered services are due AT THE TIME OF YOUR VISIT. If you do not have this payment on the date of service you are breaking your contract with your insurance company and a \$10.00 billing charge will be added to your account.

If billing is necessary for deductibles or coinsurance, the balance is due within 30 days. If you are unable to pay a balance in full, please notify our billing department and your account will be reviewed and a payment plan will be set up. In the event of continued non-payment, I agree that I will be responsible for any and all collection fees, attorney fees, and court fees if referred to an agency or attorney for collection or suit.

Any patient account with Boland Eye or Eyewear Studio written off to "bad debt" or having a current outstanding balance, which is not being addressed, must pay in cash for past balances as well as future exams. We are not obligated to see anyone who isn't willing to pay for our services or make payment arrangements with our Finance Dept. A fee of \$35.00 will be added to any account for returned checks.

This Release of Information, Assignment of Benefits and Financial Agreement will remain in effect until revoked by me in writing. A photocopy of this authorization shall be considered as effective and valid as the original.

SIGNATURE OF PATIENT/GUARDIAN/PARENT

DATE

Printed Patient Name: _____ **Date of Birth:** _____

Dear Patient ,

We appreciate your selection of our office to serve your eye care needs. We will do all we can to provide you with the very best of care, at all times. In order to do so, please read the following information. We look forward to serving you and having a happy and healthy relationship.

OFFICE POLICIES

Appointments are available Monday – Friday 8 AM to 5 PM. Our office hours on Saturday are from 8:30 AM to 3 PM. We are closed for lunch on Saturday from noon until 1 PM. In case of an emergency our answering service will forward you to the doctor on call

Medical emergencies do occur and will be given immediate attention. We screen all emergencies to determine whether they need same day attention or can wait for the next business day. All emergencies or same day work-in patients are seen by the physician whose schedule permits. Please note, however, that under normal circumstances our office will give priority to all patients with scheduled appointments. All patients are taken in appointment time order, not arrival time. We have multiple testing and physician appointments throughout our facility, therefore, if you see a patient taken who signed in after you, they are most likely having a special exam not requiring a doctor’s visit. We do our best not to make our patients wait longer than 15- 20 minutes to begin the exam or test. If you do wait longer than 30 minutes please let our receptionist know. **WE DO NOT OVERBOOK OUR SCHEDULE – YOUR TIME IS AS VALUABLE AS OURS!** Therefore, in the event that you cannot keep your scheduled appointment, please call our office 24 hours in advance or a charge may be incurred for the appointment. Also, if you are more than 15 minutes late for your appointment, we have the option to reschedule so as not to disrupt the schedule of those patients who have arrived on time.

MEDICATION REFILLS

Prescription refills are only given to a licensed pharmacist and if your visits are current. Anyone with a past due visit will not be given refills for any medication. We authorize refills during normal business hours only. We only give samples of medications when you have a scheduled visit with the doctor, not testing. Our samples of medications are limited and given only to those persons using a medication for the first time. This policy is to keep a patient from the expense of buying a medication they may have an adverse reaction to and must discard.

I hereby authorize **Boland Eye Center, P. C.** to give verbal patient information to my pharmacy.

LABS

If you need to have any lab or X-Ray’s performed, it is your responsibility to give our office the correct lab for your insurance coverage to pay. Your results should be ready within 10 to 14 days following your visit. Our office will call the patient with any abnormal results for follow-up.

SIGNATURE OF PATIENT/GUARDIAN/PARENT

DATE

NEW PATIENT SURVEY FORM

Name: _____ **Date:** _____

Age Group: ___ 0-12 ___ 13-17 ___ 18-34 ___ 35-49 ___ 50-64 ___ 65 & over

**We would like to know how you heard about the Boland Eye Center.
Please check all that apply:**

1. ___ Relative – Name _____
2. ___ Employer – Name _____
3. ___ Friend – Name _____
4. ___ Doctor – Name _____
5. ___ Building Sign – Where _____
6. ___ Optometrist – Name _____
7. ___ Phone Book – Savannah or other _____
8. ___ Optical Shop – Name _____
9. ___ Newspaper – Name _____
10. ___ Hospital – Name _____
11. ___ Mail/Flyer _____
12. ___ Misc. (Explain) _____

Reason for appointment: _____

Thank you for your help!!