



MASSACHUSETTS EYE AND EAR

We would like to welcome you to Massachusetts Eye and Ear, Emerson Place.

In order to facilitate your visit, enclosed is the following:

- **PATIENT REGISTRATION FORM:** Please complete both sides and bring to your appointment
- **DIRECTIONS TO OUR OFFICE/PARKING**

INSURANCE AUTHORIZATIONS / REFERRALS

If you have a managed care insurance (HMO) or a policy that is OUT OF NETWORK you will require an insurance authorization (e.g. referral) from your PCP prior to your appointment. **The authorization is important to ensure your insurance will cover the cost of the visit.**

Please contact your PCP's office to request the authorization. The authorization can be faxed to: 617-227-4482.

PATIENT CHECK LIST

Please bring the following to your appointment

- **PATIENT REGISTRATION FORM**
- **PHOTO ID:** We now ask all adult patients to bring a photo ID for each and every visit.
- **INSURANCE CARD:** Please bring your insurance card with you. This includes MEDICARE and MASSHEALTH cards. You will be responsible for charges not covered by your insurance. If you have questions about your coverage, please call your insurance company.
- **COPAY:** If your insurance requires a copay, payment is expected at check-in. We accept Visa, MasterCard, and American Express
- [If applicable] **CT/CAT scan on a disc including the radiology report**

We look forward to seeing you. Please feel free to call the office if you have any questions.

Sincerely,

Kellie Gentry
Practice Manager