



Kunesh
Eye Center, Inc.

*Cataract Surgery
Glaucoma
Oculoplastic Surgery
Diabetic Eye Care*

Ophthalmologists

Michael T. Kunesh, M.D.
John C. Kunesh, M.D.

Therapeutic Optometrist

Jennifer T. Fowler, O.D.

Optometrists

Joseph J. Beaman, O.D.
Matthew R. Rudinsky, O.D.

Administration

Pamela J. Hill
Jennifer S. Roy

Welcome to our practice!

To make your visit to our office a pleasant one, we have enclosed some helpful information.

Please complete the enclosed forms and bring them with you to your appointment.

1. Patient Registration Form (both sides)
2. Personal Medical History Form:

You need to circle either "YES" or "NO" on each item as requested.

3. Consent for Release of Information:

Please give us the names and phone numbers of all relatives or friends, including your spouse, who may call our office for medical information about you. With the new HIPAA regulations in place, we cannot give out any information about you, not even the date of your next appointment to someone not listed on this form. By signing this form, you give us permission to talk with those listed and give them the same information we give to you.

4. Acknowledgement of Receipt of Notice of Privacy Practices:

Please sign your name, print your name, and date this form acknowledging your receipt of our notice of privacy practices which is enclosed.

5. Refractions Policy Acknowledgement

Be sure to bring your insurance cards and a picture I.D., such as your driver's license. We will need to make a copy of these for our files. It will be helpful to have them handy when you arrive.

Check your insurance! If it is one which requires a referral (check to see if your card says "HMO"), you will need to contact your Primary Care Physician and request he/she get an authorization from your insurance carrier and send that information to our office prior to your appointment. This pertains mainly to Aetna and Humana Medicare HMO plans. At this time, Traditional Medicare does not require a referral.

Upon arrival, please speak with the person at the front desk and provide your name. At that time, we will take your completed forms and prepare your chart for the Doctor's examination. Please note, all co-pays are due at the time of visit or we will be happy to reschedule your appointment.

When you are taken back to see the doctor we will review your current medications, vitamins, and herbal supplements. **Please make sure you have a current list with you.**

Please bring the name, address, and phone number of your preferred pharmacy. If we prescribe medications, we will send them to your pharmacy electronically. If you use mail order for your medications, we will still need the name of a local pharmacy that you would use in case you needed the medication quickly.

Sometimes we need to send correspondence to your primary care doctor and/or optometrist. **Please bring the name, address, and phone number of any doctors you are seeing outside of our practice.**

NOTE: IN OUR OFFICE YOUR EYES ARE DILATED AT EACH VISIT. YOU MAY NEED TO MAKE ARRANGEMENTS TO HAVE SOMEONE DRIVE YOU TO YOUR APPOINTMENT.

Your appointment is in our main office which is on the second floor of the Fifth Third Bank Building at 2601 Far Hills Avenue. This building is on the west side of Far Hills. An elevator is located at the front of the building. You may park anywhere in the south end of the bank lot and then walk around to the front door. As you approach the front door of the bank, you will see a side door on your left. This is the entrance to the stairs or elevator to bring you up to our office on the second floor.

There is a drop-off area at the front of the building. If someone is bringing you to your appointment, they may pull up in front onto the drop-off area which takes them out of the lane of traffic on Far Hills. They can then assist you into the building where we have a chair inside the door. Your driver can then park the car and return to bring you up to the second floor for your appointment.

If any of these instructions are not clear, or if we can be of any further assistance, please feel free to call the office. We look forward to helping you in any way we can.

Sincerely,

KUNESH EYE CENTER, INC.

Enclosures