

**Welcome to Fry Eye Associates, P.A.**

310 E Walnut Street, Ste. 101  
Garden City, KS 67846  
(620)-275-7248 or 1-800-526-3937

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**ALL PATIENTS PLEASE READ THE FOLLOWING:**

We hope that you are looking forward to your appointment with us! If this is your first time as our guest, please note that Fry Eye Associates is located in the St. Catherine Medical building, west of the St. Catherine Emergency Room.

The enclosed **Medication Card** is provided for you to carry in your purse or wallet. Please list on it all medications that you are presently taking. Be sure to bring it with you on the day of your exam at the office.

Also, the day of your appointment, **please bring all your insurance cards** with you so we can verify all policy numbers and take a copy for your chart. We will file all primary and secondary insurance for you. After payment of insurance is received, any balance remaining will be payable within thirty days, unless prior arrangements have been made with our business office. If you have an **HMO**, you will need to verify with your insurance that they will cover any exams or procedures at Fry Eye Associates. Failure to do so may result in the patient being responsible for payment. Please contact our office if you would like more information.

**IF YOUR INSURANCE REQUIRES YOU TO HAVE A LETTER OF REFERRAL**, PLEASE make this available to our office *PRIOR* to your appointment, or bring it with you on the day of your appointment. Failure to have this letter of referral may result in our office having to reschedule your appointment.

All patients need to submit the following information *prior* to your appointment:

- **Patient Registration Form**
- **Medical History Form**
- **Lifestyle & Visual Questionnaire**

**NOTE: Failure to return completed forms within 5 days of your appointment may delay your appointment start time. You may fax completed forms to 620-275-5262 if there is not sufficient time for mail delivery.**

**IMPORTANT INFORMATION FOR CONTACT LENS WEARERS:**

If your appointment is for a *Cataract Evaluation* (or blurry vision), or for a *Refractive Surgery Evaluation*; soft lenses need to be removed a minimum of 1 week prior to your appointment, and rigid lenses need to be removed a minimum of 3 weeks prior to your appointment.

**RESIDENTS OF CARE HOME FACILITIES:**

All residents of care home facilities need to be accompanied by a care giver or family member. Our employees are not licensed or trained in lifting or rest room assistance.

**POWER OF ATTORNEY:**

Fry Eye Associates requires that the patient's P.O.A. give permission for the patient to be seen. The P.O.A may either give consent to allow patient to make decisions on their own behalf or be present at the appointment to sign paperwork and make decisions for the patient.

**CATARACT PATIENTS ONLY:**

Enclosed is a *Cataract Letter* giving you information regarding cataract surgery. There are options available for you, if you and your doctor feel cataract surgery is in your best interest. These options will require an out-of-pocket expense. Please take time to read this letter before coming to your appointment.

**ADVANCE DIRECTIVES**

It is the policy of Fry Eye Associates, P.A. and Fry Eye Surgery Center not to acknowledge advance directives of any patient while in our facilities. If you have an advance directive, it will not be honored while you are a patient at either facility.

***THANK YOU IN ADVANCE FOR YOUR COOPERATION!***

8-19-14