

THE RETINA GROUP

OF NORTHEAST OHIO, INC.

THOMAS J. TSAI, M.D.

JEFFREY C. LAMKIN, M.D.

THOMAS P. HULL, M.D.

75 ARCH ST., SUITE 302 | AKRON, OH 44304
330.434.1185 | 800.255.1185 | 330.434.8533 FAX

150 SPRINGSIDE DR., SUITE C330 | AKRON, OH 44333
330.665.2260 | 888.884.1835 | 330.665.3485 FAX

650 GRAHAM RD., SUITE 103/4 | CUYAHOGA FALLS, OH 44221
330.922.9860 | 800.255.1185 | 330.922.9861 FAX

3591 RESERVE COMMONS DR., SUITE 101 | MEDINA, OH 44256
330.721.2727 | 888.884.1835 | 330.721.2783 FAX

THANK YOU for choosing THE RETINA GROUP OF NORTHEAST OHIO,INC. for your care. For your convenience we have enclosed a map to help you locate our office. If at any time you have any questions PLEASE feel free to ask.

THIS IS TO CONFIRM YOUR APPOINTMENT SCHEDULED:

ON THE DAY OF YOUR VISIT PLEASE BRING WITH YOU:

- 1) THE ATTACHED HISTORY FORM, COMPLETED
- 2) YOUR INSURANCE CARDS – **YOUR COPAY DUE AT TIME OF SERVICE**
- 3) **A DRIVER TO ACCOMPANY YOU**

As a new patient to THE RETINA GROUP OF NORTHEAST OHIO,INC., please allow at least 2 hours for your first visit.

We are a participating provider with Medicare, Anthem Blue Cross/Blue Shield, Aultcare, Aetna, Medical Mutual, Hometown, Kaiser, SummaCare, United Health Care, Ohio Health Choice, and many others. Please contact your health plan regarding coverage or any restrictions that may apply. * PLEASE CONTACT YOUR PRIMARY CARE PHYSICIAN IF AUTHORIZATION IS NEEDED FOR OFFICE VISIT BEFORE APPOINTMENT.

We do bill all insurance companies. Copayment and deductible are due at the time of service. If no coverage is available we do ask for payment at time of service UNLESS prior arrangements have been made with a representative of The Retina Group of Northeast Ohio,Inc. Mastercard, Visa and Discover are accepted.

Appointments are subject to change in the event of an emergency. If the doctor is called away for an emergency we will attempt to inform you as soon as possible. Your patience is appreciated.