



Appointment Date: \_\_\_\_\_

Check In Time: \_\_\_\_\_

STEVEN M. FRIEDLANDER, MD, FACS  
ELENA GERAYMOVYCH, MD, FACS  
ROBERT M. WELCH, MSN, FNP-BC, CRNO

The doctors and staff of Nevada Retina Associates welcome you as a new patient. Our job is to serve your vision needs in a professional and caring manner.

In compliance with federal regulations, a notice of privacy practices will be available to you in our office. This notice informs you of the efforts we take to protect patient confidentiality. **In order to maintain an efficient check-in process, we ask that you have the following items upon your arrival:**

- 1 | Patient Registration**
- 2 | Health History Form (including complete list of current medications)**
- 3 | Patient Financial Policy**
- 4 | Insurance card(s)**
- 5 | Driver's license or photo I.D.**
- 6 | Co-pay or deductible**

Your examination will require dilation of your eyes unless otherwise notified, and may include diagnostic tests. **We do frequently see same-day emergencies, so please plan to spend at least two hours in our office.** If you are not comfortable driving after your eyes have been dilated, please make arrangements to have someone accompany you or arrange for alternate transportation.

As a courtesy to you, we will bill your insurance. **It is the patient's responsibility to determine whether or not your insurance carrier is contracted with our office.** It is our policy to collect co-pays and/or co-insurance at the time of each visit. Our billing coordinator or office manager would be happy to assist you with any questions regarding our billing procedures.

If you have any other questions, concerns, or desire further information, please do not hesitate to contact us.

**Reno Office** | 610 Sierra Rose Drive, Reno, NV 89511  
ph (775) 356-7272 | toll free (888) 833-1167 | fax (775) 356-2922

